



Request for Allocation of 2019 Property Taxes


Instructions: Complete Part A. Please provide the parcel number, print your name, and sign where indicated. **Return to the City Assessor at least five days before you make your tax payment.** We will complete the form and return a copy to you, the other affected property owners, and the County Treasurer.

Part A - to be completed by property owner

PARCEL NO: _____ Owner: _____
print name

Phone Number _____

The above referenced parcel was divided during 2019. I am requesting an allocation of the 2019 assessment.

 _____ Date _____

Upon receipt of the signed form, the City Assessor will divide the assessment and the County Treasurer will prorate the 2019 taxes for this parcel. If you have any questions about the assessment allocation, please contact the City Assessor at (715) 839-4926.

Part B - to be completed by City Assessor

2019 ASSESSMENT

Land _____ Improvements _____ Total _____

PRORATED ASSESSMENT (s.70.323, Wisconsin Statutes)

OWNER	DESCRIPTION	ALLOCATED ASSESSMENT

signature of assessor

Distribution

- 1 All Owners
- 2 County Treasurer
- 3 File



City Assessor
P O Box 5148
Eau Claire WI 54702
Phone (715) 839-4926
Fax (715) 839-5159
city.assessor@eauclairewi.gov