

TOWN OF GLENMORE- LETTER OF SPECIAL ASSESSMENT APPLICATION

Name of Landowner Agent _____ Phone _____

Title Company Acting on Behalf of Landowner _____

Address of Property _____

Parcel Number GL- _____ Acres _____ Is the parcel being sold in full? _____

Description of Property _____

Anticipated Closing Date _____ Purchaser _____

REQUIREMENTS:

1. Attach a map depicting the property that is being sold.
 - a. If any splits have been made in the past twelve (12) months, please include the original map, showing what part is being sold, along with a copy of the new signed Certified Survey Map (CSM).
 - b. At drawing should either be a CSM or a printed map from the Brown County GIS system.
2. A five dollar (\$5) fee is to be paid for all Special Assessment Letters. This must be paid prior to any requests being completed by the Clerk.
3. All additional forms that the closing company would like completed should be included with the packet mailed to the Clerk.
4. An application must be completed for each parcel that is being sold.
5. All items listed above shall be mailed to the Town of Glenmore Clerk, 3932 Hickory Lane, De Pere, WI 54115.
6. Items must be received by the Clerk no less than 15 days prior to closing on the property. The application will not be considered received until this application is completed and all items listed above are received.

CERTIFICATION:

I, _____, hereby certify the following:

1. I am authorized to sign on behalf of the current owner of the property and am working as a title company on their behalf;
2. All information included above is correct to the best of my knowledge;
3. There are no changes to the boundary lines of the property being made during the sale of the property;
4. The permittee, his successors or assigns, agree to indemnify and hold harmless the Town of Glenmore, its officials, officers, agents or employees, against any claim or any cause of action for personal injury or property damage sustained by reason of the exercise of such permit.

(Landowner or Title Company Representative)

Date

For Office Use Only

Date Check Rec'd _____ *Check #* _____ *Amount Paid* _____

Date Application Rec'd _____ *Date Map Rec'd* _____ *Date Add'l Forms Rec'd* _____

Additional Notes _____