City of Eagle River
Special Assessment & Special Charges Request Form

Title Company Name: _____

City of: Eagle River, **City Clerk:** Becky J Bolte

Address: Eagle River City Hall, **City:** Eagle River, State, Zip: WI, 54521

Phone: 715-479-8682 Ext. 224, **Fax:** 715-479-9674

Email: bbolte@eagleriverwi.gov **Date:** _____

I, Becky J Bolte, being the Clerk/Deputy Treasurer of the City of Eagle River, in Vilas County, Wisconsin, and having access to all the records and files in connection with Special Assessments for public improvements and liens, or deferred charges NOT ON THE TAX ROLL in said municipality DO HEREBY CERTIFY; that as of this date, _____

THERE WILL BE / THERE WILL NOT BE

special improvement work of any kind or nature either instituted or completed which might result in a lien, and that there will be no liens or deferred charges for installations of public improvements.

Name: _____ Assessment Amt: _____

Address: _____ Amount Paid: _____

Computer #: _____ Assessment for: _____
(i.e. roads, sewer & water, etc.)

Title Company File #: _____

Garbage and Recycling for the year _____, is $_____.

******NOTE:**** PLEASE ADVISE THE SELLER THAT IF THEY HAVE GARBAGE AND RECYCLING PICKUP FROM THE CITY OF EAGLE RIVER, BOTH CANS MUST REMAIN ON THE PROPERTY.**

OTHERWISE THE NEW OWNER WILL HAVE TO PAY $175 FOR A NEW SET OF CANS.

PLEASE forward to Eagle River Light & Water for any charges they may have: Jennifer Kennedy jkennedy@erlw.org ☐
Clerk verification with the City of Eagle River Housing Office for any charges they may have. ☐

That certification is made with the intention that_____ *(Title Company Name)*, will rely upon it in issuing its title guaranty policies in the above City for the year _____.

_____ _____
Becky J Bolte - Clerk *Date*

Please complete the above request and email ☐ or fax ☐ back to:

_____
Name and Title Company Name *Email Address* *Fax #*

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