

**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 WITH THE PROPERTY.**

**OTHERWISE THE NEW OWNER WILL HAVE TO PAY \$160 FOR A NEW SET OF CANS.**

PLEASE check with Eagle River Light & Water for any charges they may have.   
PLEASE check 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 #