



Special Assessment Certificate Request Form

Village of Twin Lakes
105 East Main St. • PO Box 1024 • Twin Lakes, WI 53181
Phone (262)877-2858

Please Print

From: _____

Mailing Address: _____

Telephone: _____ Email: _____

Fee: \$30.00 per parcel (2 business day turnaround)
\$30.00 Improved Parcel + Vacant adjacent lot
\$55.00 Rush (24hr business day turnaround)

Tax Parcel# _____

Currently owned by: _____

Property Address: _____

Please check one: Sale Refinance

Approximate Closing Date: _____

Provided is a self stamped envelope for return of Assessment Certificate

Will be picked up

Email to: _____

We require new owner information. A form will accompany this certificate.
This must be completed after closing and returned to Village Hall to insure
proper billing of sewer assessment.



New Owner Information

Village of Twin Lakes
105 East Main St. • PO Box 1024 • Twin Lakes, WI 53181
Phone (262)877-2858 • vhstaff@twinlakes.gov

It is very important that the new owner information be forwarded to Village Hall to insure billing to the proper party.

Please Print Clearly

Parcel # _____

Address: _____

Previous Owner: _____

New Owner: _____

Mailing Address: _____

New Owner Phone Number: _____

Closing Date: _____

Title Company

Name: _____

Phone Number: _____

Email: _____