

Mail or Deliver to: City of Muskego
City Assessor's Office
W182S8200 Racine Avenue
PO Box 749
Muskego, WI 53150

(262) 679-4143
(262) 679-5670 FAX
lmecha@ci.muskego.wi.us

REQUEST FOR REVIEW OF PROPERTY ASSESSMENT

(For an accurate review, it is essential that this questionnaire be completed fully)

Tax Key Number _____ Property Address _____

Request Made By _____

Owner _____ Other* _____

*(*If other please attach owner's authorization for request)*

In your opinion, what is the fair market value of the property as of January 1st? _____

When and how was the property acquired? Month _____ Year _____

Purchased _____ Trade _____ Gift/Inheritance* _____ Other* _____

*Describe _____

If purchased, what was the total purchase price? _____

Have you or a tenant of yours improved, remodeled, added to or changed the property since acquiring it?

Yes _____ No _____ Describe changes _____

When were changes made? _____ Cost of changes? _____

Does the above figure include the value of all labor, including your own, if any? _____ Yes _____ No

Have you listed the property for sale, within the last five* years? _____ *Yes _____ No
(If yes, please provide a copy of the listing sheet)

If so, when and how long was the property listed? _____

Realty Company/Name _____ For sale by owner _____

What was the asking price? _____ Offers received? \$ _____, \$ _____

Has an appraisal been made of the property within the last five years? _____ Yes _____ No *(If yes, attach copy)*

If so, when and for what purpose? _____ Appraised Value \$ _____

Are there any specific items you wish to call to the appraisers attention during his/her inspection of the property? _____

Is part or all of the property currently leased or rented? _____

Yes _____ No _____

(If yes, please provide a copy of your current rent roll and copies of your Income & Expense Statements for the past 3 years)

Objection to the above assessment is made for the following reason: _____

I wish to request a review of the property assessment listed above.

Signature _____ Date _____

Home Phone # : _____ Work Phone # : _____

After completing this form please mail or deliver it to our office. An appraiser from our staff will contact you to arrange an appointment to make a physical inspection of your property. This inspection enables our office to gather the necessary data to facilitate the review. Upon completion of the physical inspection a review of your assessment will be conducted. You will then be notified by mail as to the results of your review.

A sincere effort will be made to ensure that your assessment will be fair and equitable for the coming year. Your cooperation and patience in this matter is much appreciated.

NOTE: This request is not a substitution for a request to appear at the Board of Review. You must notify the Clerk of your intent to appear before the Board of Review 48 hours in advance of the meeting. Please contact the City Clerk at (262) 679-4100 for further information.

FOR OFFICE USE ONLY

Date Rec'd _____ Review Date _____ Determination Ltr Sent _____

Assessment Contested:

Value Determination:

Land _____

Land _____

Improvement _____

Improvement _____

Total _____

Total _____

Comments: _____

Review completed by _____