



108 W Main St
 Little Chute, WI 54140
 920-788-7380

REAL ESTATE INQUIRY FORM

This standard form provides information available at the Village Hall concerning the subject property as of the date(s) noted and is supplied at your request. It is understood that this form is issued subject and omissions and shall not be binding upon the Village of Little Chute. In accordance with Se. 19.35(I), Wisconsin Statutes, you are entitled to examine the public records in the following offices and verify the information to your own satisfaction.

INSTRUCTIONS

SEND ALONG A SELF-ADDRESSES STAMPED ENVELOPE
 (if you want it mailed, otherwise enter e-mail address)

- Enclose fee of \$25.
 Allow a minimum of 5 working days for return of form.
 OR
- Special Handling
 Enclose fee of \$35 and allow 4 hours for form.

PROPERTY

Parcel ID:	
Current Owner's Name:	
Property Address:	

FINANCE

DATE _____ BY _____

Outstanding Special Assessments:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20 _____ Taxes Levied:		
Lottery Credit Claimed:		
Special Assessments on Tax Roll:		
Total Tax Bill:		
Amount Paid to the Village:		
Balance Payable to the County:		
Water Bill: Account #:		

Second Payment or any delinquent taxes and/or interest, please contact Outagamie County Treasurer's Office @ 920-832-5065

Call Village of Little Chute Finance @ 920-423-3854 for delinquent accounts. For delinquent payments, make check payable to: Village of Little Chute, 108 W Main St, Little Chute WI, 54302

PUBLIC WORKS

DATE _____ BY _____

Planned or commercial public improvements:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type:		
Year:		
Est. Cost:		

For more information on this section, call Public Works @ 920-423-3865

APPLICANT INFORMATION

Name:	
Mailing Address:	
Pickup or Send:	<input type="checkbox"/> Pickup <input type="checkbox"/> Send <input type="checkbox"/> FAX
Phone #:	
Fax #:	
E-Mail:	

ASSESSOR

DATE _____ BY _____

Property Legal Description:	
Assessed Value as of January 1, 20_____	
Value Same as Last Year:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Land:	
Improvements:	
Total:	
Lot Size:	
Assessment Level:	
FMV:	
Zone Classification:	

INSPECTIONS

DATE _____ BY _____

Notice served requiring repairs, alterations or corrections:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Property is located in Flood Plain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Property has drain tile entering sanitary sewer:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> Unknown	

OFFICE USE

Date Received:	
Date Closed:	
Date Sent:	