



Property Information Request

Marshfield City Hall • 207 W. 6th Street • Marshfield, WI 54449 • Fax 715-384-7831

This form should be submitted to the City Clerk's office. It will be mailed, faxed or emailed to the realty, lending institution, agent, etc. upon completion.

Route	City Department	Date Received	Date Forwarded	Date Completed
	Assessor's Office			
	City Clerk			
	City Garage			
	Engineering Department			
	Inspection Department			

Part I -- Information Request

To be filled out by realty, lending institution, agent, etc., requesting information:	
Business making request: _____	Mailing address: _____
Responsible agent: _____	
Phone: _____	
Fax: _____	
Email: _____	

Property address: _____	Property owner: _____
Please check which parts of the form are to be completed:	
<input type="checkbox"/> Part II -- City Assessor / General Property Information	\$10.00
<input type="checkbox"/> Part III -- City Clerk / Special Assessments	4.00
<input type="checkbox"/> Part IV -- City Garage / Miscellaneous Charges	2.00
<input type="checkbox"/> Part V -- Engineering Department / Proposed Special Assessments	2.00
<input type="checkbox"/> Part VI -- Inspection Department / Zoning	<u>2.00</u>
TOTAL	\$ _____

It is understood that the City of Marshfield does not guarantee the correctness or accuracy of the information given, and information is limited as of the signature date.

Signature of authorized person: _____ Date: _____

Please note: For information regarding delinquent utility bills, contact Marshfield Utilities at 715-387-1195. For information on paid or delinquent real estate taxes on Wood County properties, contact the Wood County Treasurer at 715-387-3791. For parcels in Marathon County, contact the Marathon County Treasurer at 715-261-1150.

Part II – General Property Information

Assessor's Office

Property Address:		Parcel #:	
County: ___Wood ___Marathon		Legal Description:	
Assessed Value as of January 1:			
Land Value:		Date Last Viewed:	
Improvement Value:		Tax Year:	Net Tax:
Total Assessed Value:		Ratio:	Equalized "Market" Value:

House					Lot Size (Regular)	
Year Built:					Frontage:	Depth:
Additions:					Sq Ft:	Acres:
Remodeled:					Lot Size (Irregular)	
Lower Level Finish:					Frontage (Avg):	Depth (Avg):
Fireplaces:		Total Rooms:			Est. Sq Ft:	Est. Acres:
Bedrooms:		Baths:				
Stories	Size	Bsmt	Crawl	Slab	Garage	
					Attached:	Detached:
					Year Built:	Moved On:
					Width:	Length:
Other Features	Size				Additions:	Additions Year:
					Shed, Pool or Misc.	
					Size	Description
Contractor:						
Ground Floor Sq Ft:						
Est. Total Sq Ft:						

Sales Information					
Sale Date	Amount	Deed	Document #	Seller	Buyer
Building Permits After Last Sale:					
Permit Date	Amount	Project			

Signature of Responsible Person: _____ Date: _____

Property address:

Parcel no.:

Part III -- Outstanding Special Assessments

City Clerk

None

As shown below

Type of project:

A. Street openings: 3-year payment schedule

C. Sidewalk: 3-year payment schedule

B. Sanitary Sewer: 5-year payment schedule

D. Paving (curb & gutter): 10-year payment schedule

Type of project	Project no.	Original amt.	% interest	Balance owed	Total due (balance & interest)	If paid by

Signature of responsible person_____

Date_____

Part IV -- Miscellaneous Charges

None

As shown below

City Garage

Service charged:

A. Weed control

C. Other

B. Snow Removal

Type of project	Date of service	Charge	Paid	Balance

Signature of responsible person_____

Date_____

Property address:

Parcel no.:

Part V -- Proposed Special Assessments

Engineering Department

<input type="checkbox"/> None proposed	<input type="checkbox"/> As shown below

Signature of responsible person _____ Date _____

Part VI -- Zoning

Inspection Department

This property is zoned:	
<input type="checkbox"/> Residential	<input type="checkbox"/> Business
<input type="checkbox"/> Industrial	<input type="checkbox"/> Special
Zoning allows:	
Flood plain zone: <input type="checkbox"/> Yes <input type="checkbox"/> No	
This property conforms to zoning restrictions: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Comment if notice has been served requiring repairs, alterations, or corrections of existing building, plumbing or electrical conditions.	

Comments	Date of service	Charge

Signature of authorized person _____ Date _____