



# City of **MENOMONIE**

**City of Menomonie**  
**City Finance Department**  
800 Wilson Avenue  
Menomonie, WI 54751  
Phone 715-232-2395  
[www.menomonie-wi.gov](http://www.menomonie-wi.gov)

## City of Menomonie Special Assessment Request Form

**Note:** When requesting a Special Assessment Search for properties within the City of Menomonie, please use the City's form. We will only search the information listed below. There is a fee of \$25.00 per parcel number for a Special Assessment Request (\$50.00 RUSH fee, within a 24-hour window). Please include payment of a check with the request. Return the completed form along with your payment to the City of Menomonie, 800 Wilson Ave, Menomonie, WI 54751. Contact Dunn County Treasurer at 715-232-3789 or 3001 US Hwy 12, Menomonie, WI 54751, regarding any Property Taxes owed.

**To:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Email or Fax #:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Owner/Business Name** \_\_\_\_\_

**Parcel/Pin Number:** \_\_\_\_\_ **Refinance or Closing Date:** \_\_\_\_\_

### **For Office Use Only**

<input type="checkbox"/> <b>Special Assessment</b>	<b>Amount \$:</b> _____
<input type="checkbox"/> <b>Utility Billing</b>	<b>Amount \$:</b> _____
<input type="checkbox"/> <b>Final Utility Billing</b>	<b>Amount \$:</b> _____
<input type="checkbox"/> <b>Home Sweet Menomonie</b>	<b>Amount \$:</b> _____
<input type="checkbox"/> <b>Housing Rehab Loan</b>	<b>Amount \$:</b> _____

**Print Name/Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_