

# TOWN OF GRAND CHUTE REAL ESTATE INQUIRY FORM

1900 W Grand Chute Blvd  
Grand Chute, WI 54913-9613

\*Notice: It is understood that the Town of Grand Chute does not guarantee the correctness or accuracy of the information shown. As provided in Sec. 19.21 to 19.37, Wis. Statutes "...any person may with proper care, during office hours... examine or copy..."

**INSTRUCTION:** *Please enclose the fee along with this form. (processing will begin once the form/payment is received)* **FEE**

4-7 business days **\$40**  
2-3 business days (RUSH) **\$80**

Requester Name: \_\_\_\_\_

Return Address: \_\_\_\_\_  
\_\_\_\_\_

Requester Phone: \_\_\_\_\_ Requester Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Parcel #: \_\_\_\_\_ Parcel Address: \_\_\_\_\_

**COMMUNITY DEVELOPMENT** Date: \_\_\_\_\_  
(920-832-1599) By: \_\_\_\_\_

Open Building Permits: \_\_\_\_\_

Outstanding Code Violations: \_\_\_\_\_

Property Zoned: \_\_\_\_\_

**TAXES** Date: \_\_\_\_\_  
(920-832-1632) By: \_\_\_\_\_

Town Treasurer has information until January 31st  
**After February 1st please contact Outagamie County Treasurer at 920-832-5065** [www.outagamie.org](http://www.outagamie.org)

Year 20\_\_\_\_\_

Taxes Levied: \$ \_\_\_\_\_

Lottery Credit: \$ \_\_\_\_\_

**Special Assessments On Tax Roll:**

Street Improvement	Sewer Improvement	Water Improvement	Stormwater Improvement	POWTS	CTR/G Chute Drainage
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Special Charges on Tax Roll:**

Street Lighting	Refuse	Delq Water	Delq Sewer	Delq Storm	Other
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Total Tax Bill: \$ \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

**OUTSTANDING ASSESSMENTS DUE UPON SALE OR CERTIFIED SURVEY MAP REQUEST**

**Parcel #**

**ASSESSOR**

(920-832-1578)

Date: \_\_\_\_\_

By: \_\_\_\_\_

Tax Description - SEE ATTACHED

**SPECIAL ASSESSMENT BALANCES**

(920-832-1632)

Date: \_\_\_\_\_

By: \_\_\_\_\_

Street Improvement \$ \_\_\_\_\_ Interest/Month \$ \_\_\_\_\_

Water Improvement \$ \_\_\_\_\_ Interest/Month \$ \_\_\_\_\_

Storm Improvement \$ \_\_\_\_\_ Interest/Month \$ \_\_\_\_\_

Sewer Improvement \$ \_\_\_\_\_ Interest/Month \$ \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**DPW PROPOSED FUTURE WORK**

(920-832-1581)

Date: \_\_\_\_\_

By: \_\_\_\_\_

Year of Proposed Work: \_\_\_\_\_

Type of Work Proposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SANITARY DISTRICT**

(920-832-1581)

Date: \_\_\_\_\_

By: \_\_\_\_\_

These are not final bill totals.

Account Number	Address	Type of Service	Service Dates	Current Qtr Bill	Balance
		Water/Sewer/Storm			
		Water/Sewer/Storm			
		Water/Sewer/Storm			

Is there a well associated with this property?      Yes                  No  
Has it been tested or abandoned?                  Yes                  No                  Year Tested/Abandoned \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY:**

Date Request Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Receipt # \_\_\_\_\_