

Oconto County Treasurer

Tax Information Data Request Form



Contact Information: (Please Print)

Requesting Organization / Company Name (If Applicable): _____

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Authorization: (The following signature represents and warrants that s/he is authorized to execute this document on behalf of the requesting organization/ entity)

Requestor Signature _____ Date _____

Data Identification: (Please Identify the Data being Requested)

Tax Year: _____ (OR) All Delinquent Tax Years: _____

Digital Data Request: (Please check appropriate boxes)

	TOTAL
<input type="checkbox"/> Delinquent Tax File (County wide) Excl working tax foreclosure years	\$35.00 = _____
<input type="checkbox"/> Tax Roll Information (Specify Municipality) _____	\$35.00 = _____
<input type="checkbox"/> Tax Roll Information (County wide)	\$50.00 = _____

File Format Options:

The data request will be sent via Email only, or FTP site, depending on the file size.

The following formats are available (pick only one): CSV ___ XML ___ PDF ___ WORD ___ RTF ___

Please include FTP site information with this request, if available.

Remit Payment to:

Oconto County Treasurer
301 Washington St.
Oconto, WI 54153

Total Amount Due = _____

Staff Purposes Only – Payment has to be made before submitting file to requestor

Request Received by: _____ Date _____

Authorized by: _____ Date _____

Paid Receipt Number: _____ Date _____

Request Completed by: _____ Date _____

Request Delivered Via: COMPANY'S FTP SITE Email (may require a ZIP file)