



Town of Wilson/ Sanitary District No. 1

Special Assessment Letters

Submit this form along with a check for \$10, payable to Town of Wilson and \$10 check payable to Sanitary District #1
 By mail, in person or at the drop box located at our front door, ATTN: Town Treasurer Suite 102
 Attach a copy of the parcel's most recent property tax bill to your request.

PLEASE DO NOT FAX OR EMAIL AND ALLOW 10 DAYS TO PROCESS YOUR REQUEST

REQUESTOR:

Company Name: _____ Company SAL #: _____
 Address: _____
 Phone: _____ Fax: _____ Closing Date: _____
 Tax Key #: 59030- _____ Current Owners Name: _____
 Property Address: _____
 Legal Description: _____

 New Owner's Name: _____ New Owner's Phone: _____
 Requested by: (Signature Required) _____ Date Requested: _____

TOWN OF WILSON

Property Assessment and Taxes:

Date Received: _____

202__ Assessment: Land: _____ Improvements \$ _____ Total: _____

202__ Property Tax: \$ _____

Less Lottery Credit: _____ (_____)

Less First Dollar Credit: _____ (_____)

Special Assessment _____

Total Net Tax \$ _____

Paid in full: Yes _____ NO _____ Principal Balance Due: \$ _____ Installment Due: _____

OUTSTANDING SPECIAL ASSESSMENTS: _____ If Paid By: _____

Comments/Special Notes: _____

SANITARY DISTRICT #1

Sewer: None _____ Vacant Lot _____

Acct # _____ Amount of Last Bill: \$ _____ Balance Due: _____

Current Billing Period from: _____ to _____ *(\$59 per Quarter: billing is for past service)*

Delinquent: Yes _____ No _____ Next Billing Date: _____

Outstanding Special Assessments: _____

Other Information: _____

Submitted by: _____ Date: _____