Request for Additional Information
Residential Income Properties

OWNER NAME	PROPERTY ADDRESS

You have filed an objection to the assessment of an income producing property. Complete the information on the grid below, so that a proper valuation may be made of this property. The assessor will hold this information on a confidential basis, as provided in Wis. Stats §.70.47 (7)(af). Information provided below will be used, in conjunction with recent sales of similar properties, by the Assessor's Office, the Board of Assessors and the Board of Review to determine the proper assessment.

Complete the information for each residential unit regardless of whether it is occupied or vacant. If a unit is vacant, indicate the typical or asking rent for that unit. Likewise, for an owner occupied unit, indicate the amount of monthly rent you would expect to receive if it were to be rented. **Please include a copy of your current rent roll or leases with ALL names redacted.**

	APT #1	APT #2	APT #3	APT #4	APT #5	APT #6	APT #7
Number of Bedrooms							
Number of Full Baths (3 FIXTURES)							
Number of Half Baths (2 FIXTURES)							
Interior Condition	☐ EXC ☐ AVG ☐ FAIR ☐ POOR	☐ EXC ☐ AVG ☐ FAIR ☐ POOR	☐ EXC ☐ AVG ☐ FAIR ☐ POOR	☐ EXC ☐ AVG ☐ FAIR ☐ POOR	☐ EXC ☐ AVG ☐ FAIR ☐ POOR	☐ EXC ☐ AVG ☐ FAIR ☐ POOR	☐ EXC ☐ AVG ☐ FAIR ☐ POOR
Heat Included	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Electric Included	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Stove & Refrigerator Included	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Other Appliances Included							
Furniture Included	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Off Street Parking	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Parking Type	☐ SURFACE ☐ GARAGE ☐ DRIVEWAY	☐ SURFACE ☐ GARAGE ☐ DRIVEWAY	☐ SURFACE ☐ GARAGE ☐ DRIVEWAY	☐ SURFACE ☐ GARAGE ☐ DRIVEWAY	☐ SURFACE ☐ GARAGE ☐ DRIVEWAY	☐ SURFACE ☐ GARAGE ☐ DRIVEWAY	☐ SURFACE ☐ GARAGE ☐ DRIVEWAY
Owner Occupied	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Monthly Unit Rent							
Rent Includes Off Street Parking							
Number of Parking Spaces							
Monthly Parking Rent (IF NOT INCLUDED IN UNIT RENT)							

Form Completed By:_____ Telephone:_____

Email:_____