

TO ALL PROPERTY OWNERS AND RENTERS: THIS SHEET IS TO BE FILLED OUT AND RETURNED WITH YOUR TAXES IF YOU ARE A PROPERTY OWNER WHETHER OR NOT YOU HAVE A DOG(S).

IF YOU ARE A RENTER THIS SHEET SHOULD BE RETURNED TO THE TREASURER WITH PAYMENT OR WITH A SIGNATURE BELOW.

I DO NOT HAVE OR OWN A DOG AS OF 1/ 1/ 2024. I WILL NOT BE GETTING A DOG DURING 2024.

SIGNED _____ DATE _____

Dear Town Property Tax Payers:

I will be collecting *all* taxes by mail. Please mail your tax form and check to:

Jan Thorson -Town Treasurer
6386 148th Ave
Bloomer, WI 54724

If you have any questions, please call 715-829-3394.

The State of Wisconsin Law requires all dogs to be properly licensed and vaccinated. Failure to license and vaccinate will result in additional fees and forfeitures.

This year's dog tax will be as follows:

Neutered or spayed dog: Tax is \$8.00

Intact male or female dog: Tax is \$13.00

Kennel License Tax is \$60.00

DOG NUMBER 1

Name of Dog _____ **Color** _____

Circle One: Male Female Neutered Male Spayed Female

Breed _____ **Rabies Vaccination Tag Number** _____

Date Vaccinated _____ **Veterinarian's Name** _____

Veterinarian's License Number _____

Your Address _____ **ZIP CODE** _____

Town License Number (Jan fills in) _____

DOG NUMBER 2

Name of Dog _____ **Color** _____

Circle One: Male Female Neutered Male Spayed Female

Breed _____ **Rabies Vaccination Tag Number** _____

Date Vaccinated _____ **Veterinarian's Name** _____

Veterinarian's License Number _____

Your Address _____ **ZIP CODE** _____

Town License Number (Jan fills in) _____

To assure that your dogs are properly identified please provide ALL OF THE ABOVE information:
Please return or send this information when paying your property tax. Your help is appreciated.
Jan Thorson - Treasurer

DOG NUMBER 3

Name of Dog _____ **Color** _____
Circle One : **Male** **Female** **Neutered Male** **Spayed Female**
Breed _____ **Rabies Vaccination Tag Number** _____
Date Vaccinated _____ **Veterinarian's Name** _____
Veterinarian's License Number _____
Your Address _____ **ZIP CODE** _____
Town License Number (Jan fills in) _____

DOG NUMBER 4

Name of Dog _____ **Color** _____
Circle One: **Male** **Female** **Neutered Male** **Spayed Female**
Breed _____ **Rabies Vaccination Tag Number** _____
Date Vaccinated _____ **Veterinarian's Name** _____
Veterinarian's License Number _____
Your Address _____ **ZIP CODE** _____
Town License Number (Jan fills in) _____

DOG NUMBER 5

Name of Dog _____ **Color** _____
Circle One: **Male** **Female** **Neutered Male** **Spayed Female**
Breed _____ **Rabies Vaccination Tag Number** _____
Date Vaccinated _____ **Veterinarian's Name** _____
Veterinarian's License Number _____
Your Address _____ **ZIP CODE** _____
Town License Number (Jan fills in) _____

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Jan Thorson - Treasurer