

WASHINGTON COUNTY Audit Report Request

Taxing District for which report is requested

Payable Year requested

Name
Addr 1
Addr 2
City / St / Zip
Phone / FAX #
e-mail

Requested By:

Send To:

Name
Addr 1
Addr 2
City / St / Zip
Phone / e-mail

Bill To:

A Report consists of information for ONE payable year for ONE Taxing District/TIF District. Additional years/districts require separate requests.

Please indicate the report(s) requested and the items that should be included below.

SELECT REQUESTED REPORT(S) BY CLICKING IN THE APPROPRIATE CHECK BOX:

FEE:

- | | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Audit Report
<input type="checkbox"/> <i>Market Value/Tax Capacity</i>
<input type="checkbox"/> <i>Table X - Tax Rate Calculation</i>
<input type="checkbox"/> <i>Tax Levy Book (7 years) includes TIF & Special Assessments</i> | \$35.00 |
| <input type="checkbox"/> | Tax Increment Audit Report
<i>Includes: Captured Value & Tax Increment Tax</i> | \$35.00 |
| <input type="checkbox"/> | Top Taxpayers List
<input type="checkbox"/> <i>Top 10 Taxpayers</i>
<input type="checkbox"/> <i>Top 25 Taxpayers</i> | \$35.00 |
| <input type="checkbox"/> | Auditor's Bonding Certificate
<input type="checkbox"/> <i>Entire Certificate (number of copies: _____)</i>
<input type="checkbox"/> <i>Tax Capacity by major property class</i>
<input type="checkbox"/> <i>Taxable Value History (5 years)</i>
<input type="checkbox"/> <i>Tax Rate History (5 years)</i>
<input type="checkbox"/> <i>Bonded Indebtedness</i>
<input type="checkbox"/> <i>Taxes Receivable (5 years)</i> | For Entire Certificate.....\$150.00
<i>(signed & sealed)</i>
Per Individual page.....\$35.00 |
| <input type="checkbox"/> | Special Request:

_____ | Base fee.....\$35.00

Cost varies based on information requested and availability of the data |

Signature _____

Date _____

**Information for a given payable year may not be available until March 20th of the year requested.
Allow FIVE to TEN working days for processing. Special requests may take longer.**

Mail to: Washington County Assessment, Taxpayer Services & Elections
 Attn: Tax Accounting
 14949 62nd St N PO Box 6
 Stillwater, MN 55082-0006
FAX: (651) 430-6178

For County Use Only:	
Date received:	
Date mailed:	
Initials	
Fee amount:	

Questions? Call 651-430-6175 and ask for Tax Accounting