

# Summary – Waiver of Board of Review Request

Secs. 70.47(8m), Wis. Stats.

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## Filing Instructions

### Section 1 – Assessment Information

Select the Taxation district, enter municipality, county, year assessments are being appealed

### Section 2 – Appeal Information

Col. 1 – Enter property owner's name

Col. 2 – Enter parcel no.

Col. 3 – Enter computer no.

Col. 4 – Enter date waiver was received and select "Approved" or "Denied"

Col. 5 – Select property class and enter assessment value and property owner's opinion of value

Col. 6 – Enter date delivered/mailed and clerk's initials

**Note:** Mail or email decision to requester

### Section 3 – Read affidavit, sign and date

**Note:** After completing this form, file it with the BOR proceedings retained by the municipality.  
(sec. 70.47(17), Wis. Stats.).

## Section 1: Assessment Information

Taxation district (check one)	<input type="checkbox"/> Town	<input type="checkbox"/> Village	<input checked="" type="checkbox"/> City	Municipality <b>WEST ALLIS</b>	County <b>MILWAUKEE</b>	Waiver year (yyyy) <b>2017</b>
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## Section 2: Appeal Information

Col. 1 Property Owner Name	Col. 2 Parcel No.	Col. 3 Computer No.	Col. 4 Waiver Request		Col. 5 Value		Col. 6 Notice Date delivered/mailed and clerk's initials	
			Date Received (mm-dd-yyyy)	Decision	Class	Assessment		Owner's Opinion
Sam's Real Estate Business Trust	449-9981-019		05 - 17 - 2017	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	C	\$ 11,061,800	\$ 7,200,000	Date (mm-dd-yyyy) 05 - 24 - 2017
						\$	\$	Delivered/mailed
						\$	\$	Mailed
						\$	\$	Initials
						\$	\$	MS
Menard, Inc.	484-9986-011		05 - 19 - 2017	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied	C	\$ 4,025,200	\$ 2,120,000	Date (mm-dd-yyyy) 05 - 24 - 2017
						\$	\$	Delivered/mailed
						\$	\$	Mailed
						\$	\$	Initials
						\$	\$	MS
				<input type="checkbox"/> Approved <input type="checkbox"/> Denied		\$	\$	Date (mm-dd-yyyy) - -
						\$	\$	Delivered/mailed
						\$	\$	?
						\$	\$	Initials
						\$	\$	
				<input type="checkbox"/> Approved <input type="checkbox"/> Denied		\$	\$	Date (mm-dd-yyyy) - -
						\$	\$	Delivered/mailed
						\$	\$	?
						\$	\$	Initials
						\$	\$	

## Section 3: Board of Review Clerk Affidavit

I, the undersigned declare that I have personally prepared this report and to the best of my knowledge and belief it is true and correct.

Monica Schultz  
Signature Board of Review Clerk

5-24-2017  
Date