

Town of Byron

Request to have Special Assessment for Garbage/Recycling Removed

Contact Person

Name _____

Address _____

Phone _____

Vacant Parcel - *has to be vacant the entire year 1/1/2014 - 12/31/2014*

Name from tax bill _____

Address _____

Tax Id Number _____

starts with T041417

Section Number _____

Reason for Vacancy

When will the Property be Occupied?

Approved by Town Board Date _____

Please return to: Town of Byron Clerk, N3438 Maple Lane, Fond du Lac, WI 54937

Or clerk@townofbyron.com

