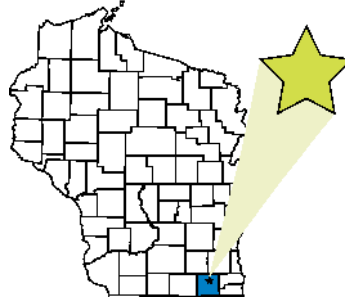


TOWN OF TROY INFORMATION: 2016 PROPERTY TAX



**Please pay with your proper tax bill stub to expedite processing. The Clerk/Treasurer will not have cash available for making change, and preference is by check. We do not except credit or debit cards.

Property owners may view and print their property tax information and payments by using the following link:

<http://www.co.walworth.wi.us/>

PAYMENT OF 2016 PROPERTY TAXES CAN BE MADE BY THE FOLLOWING:

IN PERSON:

DECEMBER:

Mondays & Thursdays: 9:00 am – 11:00 am.

Thursday, December 29: 3:00pm - 7:00pm

OFFICE COLLECTION HOURS:

JANUARY:

Mondays & Thursdays: 9:00am-11:00am.

Monday, January 23: 5:00pm – 7:00pm.

Tuesday, January 31: 9:00 am- 11:00am.

BY MAIL: Checks are payable to Town of Troy until January 31, 2017. Address: N8870 Briggs St., East Troy, WI 53120.

Include proper payment stub from tax bill and a **phone number** with your payment.

****For a return mailed Receipt**, include a business sized, self-addressed, stamped envelope with your payment.

DROP BOX: Located to the right of the Town Hall Mailbox. Payments should be in an envelope labeled for Clerk/Treasurer as tax payments. Use slot indicated “INSERT HERE”, and DO NOT leave payment on top shelf of box which is not secure.

****REMINDER**** Please endorse Tax Escrow Checks issued to you.

REFUNDS – Refund checks will be mailed, but may take several weeks to process.

1ST INSTALLMENT OR FULL INSTALLMENT DUE JANUARY 31, 2017: Checks must be payable to the Town of Troy.

ALL PAYMENTS MADE AFTER FEBRUARY 1, 2017: Checks must be payable to:

Walworth County Treasurer. Address to: P.O. Box 1001 Elkhorn WI. 53121

Second installment payments are due July 31, 2016 and are paid directly to Walworth County.

Reminders will not be sent by Walworth County.

TOWN CONTACTS:
www.townoftroy.com

Town Chairman-John Kendall	chair@townoftroy.com	262-470-3294
Supervisor-Thomas Lorden	sup1@townoftroy.com	262-642-3544
Supervisor-Kathleen Tober	sup2@townoftroy.com	262-642-5857
Clerk/Treasurer-Tracey Raymond	clerktreas@townoftroy.com	262-642-5292
Plan Comm. Secretary – Pam Healey	plansec@townoftroy.com	262-642-5299
Public Works Supervisor - Mike Redel	dpwsup@townoftroy.com	262-642-5293
Building Inspector – Vince Budiac		262-366-2400
Water Patrol – Pat Jessup	waterpatrol@townoftroy.com	262-949-4921
Troy Center Fire Department, Non-Emergency	tcfed@townoftroy.com	262-642-5294
Garbage and Recycling Service- Johns Disposal Service Inc.		1-888-473-4701
Assessor, Associated Appraisal		1-800-721-4157

All Town Board and Planning Commission Meetings are held at the Town of Troy Town Hall, located at N8870 Briggs Street, and start at 7:00 p.m. unless otherwise posted. All meetings are posted, as required, at the Troy Town Hall; and on the Town of Troy website. **Town Board** meets the 2nd Wednesday of the month. **Planning Commission** meets the 1st Wednesday of the month.

REMINDERS: Effective from November 1 – April 1, there is No Parking on any Town Road or Right of Way (Ordinance 2004-2 Chapter 19). Snow or ice shall not be left on Town Roads from driveway plowing operations. Please keep your garbage/recycling carts off the right of way to prevent damage from plowing operations. 911 numbers must be kept visible at all times in case of emergency, and may not be moved from their installed location. (Ordinance 2005-6 Chapter 17).

****Contact the Town Building Inspector for Permit Requirements prior to any work being done, otherwise fees double!**

2017 DOG LICENSE APPLICATION: SUBMIT WITH FEES AND PROOF OF RABIES

This form is downloadable from the Town of Troy website: www.townoftroy.com.

****Please pay amount separately from property tax payments if possible. All dogs more than 5 months of age in the Town of Troy must have and wear a license tag by January 31st of each year or upon arrival in the Town limits. Please include a current rabies certificate showing proof of rabies. If paying by mail, include a business sized, self-addressed, stamped envelope to return license and tag.**

FEES: (Exact amount of payment is required). Male or Female: Altered \$12.00 Unaltered \$27.00

Date: _____ **Owners Name:** _____ **Phone #:** _____

Address: _____

Dogs Name _____ Breed _____ Color _____ Male ___ Neutered ___ Female ___ Spayed ___
 Veterinarian: _____ Date of Rabies Vaccination: _____ Rabies Expiration: _____

Dogs Name _____ Breed _____ Color _____ Male ___ Neutered ___ Female ___ Spayed ___
 Veterinarian: _____ Date of Rabies Vaccination: _____ Rabies Expiration: _____

Dogs Name _____ Breed _____ Color _____ Male ___ Neutered ___ Female ___ Spayed ___
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