



NOTIFICATION OF REVERSAL OF INTENT TO PAY SPECIAL ASSESSMENTS IN FULL

This form is intended to notify the City of Hudson that a property owner wishes to reverse his/her decision to pay the entire amount of special assessments due from an infrastructure improvement project. This form is only applicable if the property owner(s) of a parcel have adequately filled out and submitted the "Notification of Intent to Pay Special Assessments in Full". Filling out and returning this form in the timeframe allowed on the installment notice shall meet the requirements of Wisconsin Statutes 66.0715(3)(e). Please fill out this form with as much information as applicable.

This form shall be completed in its entirety and returned via one of the following options:

Mail To: City Clerk City of Hudson 505 Third Street Hudson, WI 54016	Return in person during business hours to: City Hall (2 nd Floor Reception Desk) 505 Third Street Hudson, WI 54016
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For parcels with one or more individual property owners, each property owner must sign the form on the lines in the section marked "Individual Property Owners" in the presence of a notary public. Forms that do not include all property owners' signatures or are not notarized will not be valid.

For parcels owned by a corporation, partnership, or other entity, an individual qualified to make decisions on behalf of the entity must fill out the information in the section marked "Corporation, Partnership, or Other Entities Owning the Subject Parcel" and sign where indicated in the presence of a notary public. Forms that do not include all applicable information or are not notarized will not be valid.

Notaries shall fill out the information, stamp, and sign in the section marked "Notary".

Local notaries are found in most local banks and credit unions. A number of City Hall staff are also notaries and may assist you in person at City Hall during business hours. Notaries will likely require photo identification and proof of authorization for signing the document in order for them to notarize the document.

Please contact the City Clerk at cityclerk@hudsonwi.gov or 715-716-5748 with any questions regarding this form.

Parcel ID: 236-_____

City Project: _____

Property Address (if applicable): _____, Hudson, WI 54016

Property Owner Name(s): _____

Property Owner Mailing Address: _____

Property Owner Phone(s): _____

Property Owner Email: _____

By signing this form, I/we certify that I/we are the owners of the property listed above and that I/we hereby notify the City of Hudson of my/our reversal of intent to pay in full the special assessment amount prior to the date listed in the installment notice. I/we understand that the special assessment amount will be collected via property taxes in the installments listed on the installment notice and will accrue interest retroactive to the deadline date of the Notification of Intent to Pay Special Assessments in Full. I/we understand that this reversal may not be revoked in the future.

Individual Property Owners:

Property Owner 1 Printed Name

Property Owner 2 Printed Name

Property Owner 1 Signature

Property Owner 2 Signature

Date

Date

(For additional individual property owners, use blank space following "Notary" section)

Corporations, Partnerships, or Other Entities Owning the Subject Parcel:

Corporation/Partnership/Entity Name: _____

State of Incorporation (if applicable): _____

Type of Entity (Corporation Type, Partnership, etc.): _____

Printed Name of Authorized Signee: _____

Signature of Authorized Signee: _____

Title of Authorized Signee: _____

Attest (For Corporations only; Signature of Corporate Secretary): _____

Business Address (if different than property owner mailing address):

Phone Number (if different than property owner phone number): _____

Email Address (if different than property owner email address): _____

Notary:

State of: _____ County of: _____

On _____ (date), before me, _____

(name of notary), personally appeared _____

_____ (signer(s))

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this document and has hereby acknowledged to me that he/she/they have executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

Signature of Notary

Stamp of Notary

Date