

VILLAGE OF WEST MILWAUKEE

4755 WEST BELOIT ROAD WEST MILWAUKEE, WI 53214 TELEPHONE (414) 645-1530 FAX (414) 671-8089 www.westmilwaukee.org

Authorized Contact Person Verification Form

Please attach this form to Property Registration Form

If the property is non-owner occupied and the owner *does not* live within the State of Wisconsin <u>and</u> within 100 miles of the property, the following form must be completed. The designated Authorized Contact Person must live within the State of Wisconsin and within 100 miles of the property. Additionally, the Authorized Contact Person will serve as the 24-hour primary contact, responsible for any security, maintenance, or other issues regarding the listed property.

Please check which contact type is provide	ed as the authorized contac	et person:		
☐ Property Management Company	☐ Registered Agent	☐ Operate	or \square Ten	ant
☐ Other:				
Authorized Legal Entity or Contact Person	n Name:			
Authorized Contact Person Address:(Cannot be a P.O. Box)		City	State	Zip
Authorized Contact Person Phone Numbe	r:		_	Mobile Business
Authorized Contact Person Email:				
Property to be Registered:		City	State	Zip
property to be registered, and that the about promptly advise the Village of West Milwa originally submitted on this form. I understact, may be grounds for fines, liens, or per Printed Name of Authorized Contact Person	nukee, Clerk's Office shou stand that false information malties by the Village of W	ld any informa n, as well as ar Vest Milwaukee	tion change from the state of t	om that which was atement of material
Signature of Authorized Contact Person: _				
Signature Date (Month/Day/Year):				
			STA	ATE OF WISCONSIN
		(COUNTY OF)
	Subscribed and sworn to be	fore me this	day of	, 20
		Notary Public,	·	County, Wisconsin
		My commi	ssion expires	