



**TOWN OF TROY N8870 Briggs Street East Troy, WI 53120 (262)642-5292**

**[www.townoftroy.com](http://www.townoftroy.com)**

**2017 PROPERTY TAX INFORMATION:**

There are three ways to pay your Town of Troy Property Taxes:

1. By Mail (Preferred)
2. Drop Box
3. In Person

Regardless of which method you choose, please remember to:

- Make Check payable to **TOWN OF TROY**. If you are paying installments, the second payment is due to the **WALWORTH COUNTY TREASURER** by July 31, 2018.
- We **do not** except Credit/Debit card payments.
- Please include the payment stub from the tax bill and a phone number that we can reach you at in case there is a question.
- If paying with cash, you must have the exact amount, we do not have change.
- Receipt of payment will be mailed if the clerk is provided with a business sized, self-addressed, stamped envelope with your payment.
- Please endorse Tax Escrow Checks issued to you.
- Refund checks will be mailed the following month.

**December and January Collection Hours: (With the exception of holidays)**

**Monday-Thursday 9:00am to 3:00pm      Friday, December 29, 2017 4:00pm to 7:00pm**

The drop box is located to the right of the Town Hall Mailbox. For security, please **DO NOT** leave payment on the top shelf of the box. Place in the slot marked "Insert Here".

**DUE DATES:**

- A. Full payment or 1<sup>st</sup> Installment due by January 31, 2018. Payable to the Town of Troy.**
- B. 2<sup>nd</sup> installment is due by July 31, 2018. Payable to the Walworth County Treasurer. Reminders will not be sent by Walworth County.**

Copies of the Property Tax Bill can be viewed and/or printed from the following link:  
[www.co.walworth.wi.us](http://www.co.walworth.wi.us).

**TOWN CONTACTS:**  
[www.townoftroy.com](http://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
Troy Center Fire Department, Non-Emergency	tcf@townoftroy.com	262-642-5294
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!**

**2018 DOG LICENSE APPLICATION: SUBMIT WITH FEES AND PROOF OF RABIES**

This form is downloadable from the Town of Troy website: [www.townoftroy.com](http://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: \_\_\_\_\_

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 Veterinarian: \_\_\_\_\_ Date of Rabies Vaccination: \_\_\_\_\_ Rabies Expiration: \_\_\_\_\_