

**Waiver of Fifteen Day Notice  
2024 Assessment  
City of Eau Claire**

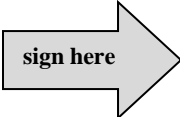
**Notice:** By signing this waiver, you are agreeing to forfeit your legal right to an additional 15 day notice of a changed assessment. **You are not forfeiting the right to appeal your assessment.** If our review results in a recommendation of a revised assessment, you will still receive notice of the revised assessment, but not within the 15 day notice period before the Board of Review. **If our review results in a determination of no change, this form will not be returned to you.**

Parcel No.

Property Address

I, \_\_\_\_\_,  
*(name of property owner)*

forfeit and waive the further right to receive notification of a revised assessment 15 days before the Board of Review. I understand I may still proceed with an appeal to the Board of Review, following the requirements provided under s.70.47, Wisconsin statutes.


 \_\_\_\_\_  
*(property owner or agent signature)*

\_\_\_\_\_ *(date)*

Return signed waiver to:      City Assessor  
   P O Box 5148  
   Eau Claire WI 54702  
   Fax (715) 839-5159  
   [city.assessor@eauclairewi.gov](mailto:city.assessor@eauclairewi.gov)

I \_\_\_\_\_ hereby amend the assessment regarding the  
*(assessor)*

above referenced parcel number and property address for the 2024 assessment year as follows:

\_\_\_\_\_ *(assessor signature)* \_\_\_\_\_ *(date)*

ORIGINAL ASSESSMENT		REVISED ASSESSMENT	
Land		Land	
Buildings / Other		Buildings / Other	
Total		Total	

Copies to:      Property Owner or Agent --- City Assessor --- Property Assessor --- File