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Dear Members of the Common Council:

Year: 2020

Amount of Tax Reduction: \$3,380.81

Signed: rem. bo

Date: 3-27-2025

Therefore, on the enclosed Form W-9, we request that you furnish us with the **Social Security Number** and the **signature** of the person listed first on the name line **OR** the **Employer I.D. Number** of the business and the appropriate person's **signature**. Please verify below to whom refund is to be made out to and what address it is to be mailed to if different from objection form.

PAYEE: DAWN BOLAND MAILING ADDRESS: 9140 S 51ST ST.
Please Print FRANKLIN, WI
53132

Pursuant to § 70.511(2) (b) if forms are returned on or before November 1, 2025, your refund is payable on or before January 31st, 2026. After November 1, 2025, refund is payable by January 31st, 2026.