



STATE OF WISCONSIN
 Department of Safety and Professional Services
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 Madison WI 53703

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Governor Scott Walker Secretary Dave Ross

OWNER VERIFICATION FORM

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Instructions: Complete entire form. Print or type clearly. Call or go to the Register of Deeds office. Be prepared to provide the Register of Deeds with the name(s) of the current or last known owner(s), the address of the property, and the legal description, if it is available. List all owners.

How did you receive this information? Phone call Internet In person

Name of contact at Register of Deeds office: _____

Date of call/visit: _____ Your name: _____

	Owner 1	Owner 2
Owner's Last Name:		
Owner's First Name:		
Owner's Middle Name:		
Owner's Street Or PO:		
Owner's Street 2:		
Owner's City:		
Owner's State:		
Owner's Zip+4:		

Information Regarding Project Location

County Where The Property Is Located:	
Address Of Property In Violation:	
Type Of Multiple Ownership: i.e., joint tenants, tenants in common, partnership, limited partnership, corporation, limited liability corporation, other.	