

SOMERS TAX INFORMATION

IF YOU PAY IN PERSON Pay Real Estate & Personal Property Taxes at the following locations through January 31:

- 1) Tri City National Bank, 5901 Washington Road. Hours: Mon-Fri from 9 A.M. to 5 P.M. Sat. 9 a.m. to Noon. Tri City Bank is closed Dec. 25 & Jan. 1. Hours on December 24: 9 A.M. to 2 P.M. Hours on Dec. 31: 9 A.M. to 5 P.M.
- 2) Somers Village/Town Hall, 7511 12th Street. Hours: Mon-Fri from 8 A.M. to 4:30 P.M. Village/Town Hall will be closed on December 23, 24, 30 & 31.

PAYMENTS BY MAIL & DROP BOX Mail your payment to Somers Town Treasurer, P. O. Box 197, Somers, WI 53171-0197, or use a drop box (located at Tri City Bank & by the front entrances of the Village/Town Hall and Fire Station #2.) To receive a receipt when paying by mail or drop box, enclose a self-addressed stamped envelope.

Make checks payable to TOWN of SOMERS. Please do not combine your tax payment with any other payment.

TAXES MAY BE PAID BY PHONE OR ON-LINE USING CREDIT CARD OR E-CHECK

POINT & PAY WEBSITE IS: <https://client.pointandpay.net/web/TownofSomersWI/>
TELEPHONE PAYMENTS CALL 1-866-974-8091.

NOTE: THERE IS A CONVIENCE FEE FOR THESE TRANSACTIONS. THIS CONVIENCE FEE IS PAID DIRECTLY TO POINT & PAY, NOT THE TOWN OF SOMERS

For trash & recycling questions, contact John's Disposal at (262)473-4700 or www.johnsdisposal.com

Please visit our website at: www.somers.org for more information

DOG LICENSES are due by December 31, 2021 & State Statute requires a late fee of \$5.00 for each dog licensed after March 31, 2022. License fee for neutered males and spayed females is \$10.00; for unaltered males and females \$15.00. You must have proof of rabies shot (Certificate of Rabies Vaccination signed by veterinarian) for the license. DO NOT send rabies tags. Complete the form below and mail with **separate check** for dog license, made payable to Town of Somers. Mail to P.O. Box 197, Somers, WI 53171-0197.

Include a self-addressed stamped envelope so we can mail the dog tag to you.

SOMERS DOG LICENSE APPLICATION

Owner Name: _____

Owner Address: _____
Street City State Zip

Phone Number: _____

Dog's Name: _____ Color: _____ Breed: _____

Check One: Male \$15.00 _____ Female \$15.00 _____ Neutered Male \$10.00 _____ Spayed Female \$10.00 _____

Veterinarian/Clinic: _____ Vaccine Manuf: _____

Serial No: _____ Date Issued: _____ Exp. Date: _____