



Business Information Sheet

OFFICIAL BUSINESS NAME: _____

CHECK BUSINESS TYPE:

CORP LLC INC LLP SOLE PROPRIETORSHIP PARTNERSHIP

BUSINESS NAME IN OSHKOSH: _____

BUSINESS ADDRESS IN OSHKOSH: _____

TYPE OF BUSINESS ENGAGED IN: _____

DATE OPENED IN OSHKOSH: _____

BUSINESS OWNER'S NAME: _____

MAILING ADDRESS FOR TAX BILL: _____

PHONE NUMBER OF OWNER/CONTACT PERSON: _____

LIST LEASING COMPANY'S NAME & ADDRESS _____

THAT YOU MAY BE LEASING EQUIPMENT FROM

Please complete and return this form to our office within five (5) business days. If you have any questions, please call (920) 236-5070 or email assessor@oshkoshwi.gov. Thanks for your cooperation.

Mail all correspondence to:

**CITY OF OSHKOSH
CITY ASSESSOR
PO BOX 1130
OSHKOSH WI 54903-1130**