

Board of Review Member Training Affidavit

Preparer Information			
Name Carol Devine	Title City Clerk		
Email	Phone		
owenclerk@cityofowen.com	715-229-2404		

Signature	Statement
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Under penalties of law, I declare this form and all attachments are true, correct and complete to the best of my knowledge and belief.

Do you agree with the statement above?

X YES NO

Submission Information

You successfully submitted your report. Print a copy for your records.

Comuni code:

10265

Submission date: 04-20-2018 09:09 AM

Confirmation:

PA10720180274O1524233399213

Submission type: ORIGINAL



Board of Review Member Training Affidavit

This affidavit confirms that one or more Board of Review (BOR) voting members attended training before the BOR met, satisfying state law (sec. 70.46(4), Wis. Stats.).

STATE OF WISC	CONSIN		
County of	CLARK		
Co-muni code	10265		
Ι,	Carol Devine	, the clerk for the	CITY OF OWEN
designee(s), atte BOR's first meeti		of Revenue approved	nicipality's chief executive officer or the officer's BOR training program within two years of the
CAROL DEVINE	, and accordance date.		04/16/2018
Name			Date
04-20-2018 09:09	AM		
Date electronically fi	led	 -	
owenclerk@cityo	fowen.com		
Clerk email		_	