**BOAT HOUSE | DOCK | SLIP REPORTING FORM FOR CITY OF LA CROSSE**

***NOTE: THIS FORM DOES NOT TAKE THE PLACE OF A BILL OF SALE***

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| --- | --- | --- | --- | --- | --- | --- |
| **OWNERSHIP INFORMATION [SELLER]** | | | | | | |
|  | | Select [Old] Ownership Type here | | | If Other, please explain here | |
| Grantor | Seller | | Enter Seller [First & Last] here | | | Enter Seller [First & Last] here | |
| Address, City, State Zip | | Enter Seller Address here | | | Enter Seller Address here | |
| Phone No. | | Enter Seller Phone# here | | | Enter Seller Phone# here | |
| Email | | Enter Seller Email here | | | Enter Seller Email here | |
| *If there are more than two owners [Grantor/Seller] of the Boat House, Dock, Slip, please CONTINUE page 2.* | | | | | | |
| OWNERSHIP INFORMATION [BUYER] | |  | | |  | |
|  | | Select [New] Ownership Type here | | | If Other, please explain here | |
| Grantee | Buyer | | Enter Buyer [First & Last] here | | | Enter Buyer [First & Last] here | |
| Address, City, State Zip | | Enter Buyer Address here | | | Enter Buyer Address here | |
| Phone No. | | Enter Buyer Phone # here | | | Enter Buyer Phone# here | |
| Email | | Enter Buyer Email here | | | Enter Buyer Email here | |
| *If there are more than two owners [Grantee/Buyer] of the Boat House, Dock, Slip, please CONTINUE page 2.* | | | | | | |
| *If Co-Owned or a Community Boat House, Dock or Slip, List Responsible Party for:* | | | | | | |
| **City Tax Bill:** Click or tap here to enter text. | | | | | | |
| Taxpayer’s Signature: Click or tap here to Sign. | | | | Click or tap to enter a date. | | |
| **Parks, Recreation, and Forestry License Agreement:** Click or tap here to enter text. | | | | | | |
| License Holder Signature: Click or tap here to Sign. | | | | Click or tap to enter a date. | | |
| **Assessor’s Office Contact:** Click or tap here to enter text. | | | | | | |
| Assessor Contact Signature: Click or tap here to Sign. | | | | Click or tap to enter a date. | | |
| **SALES DATA:** | | | | | | |
| **On Leased Land**, please select: Select Tax ID here | | | | **Individual Tax ID**, please provide: Enter Tax ID here | | |
| **On City of La Crosse Riparian Land**, please select: Select Tax ID here | | | | | | |
| Boat House, Dock, or Slip No.: Enter Boat House, Dock, or Slip No. here | | | | | | |
| Boat House, Dock, or Slip Inspection Address: Enter INSPECTION Address here [may differ from mailing address] | | | | | | |
| Purchase Price: $ Enter Price here | | | | Purchase Date: Click or tap to enter a date. | | |
| No. of Slips: Enter # of Slips here | | | | No. of Slipson Dock: Enter # Slips here | | |
| Enter any additional items included in the sale here | | | | | | |
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| **PERMIT | LICENSE AGREEMENT INFORMATION:** | | | | | | |
| Permit No.: Enter Current Permit No. here | | | | Enter Current Permit Holder here | | |
| License Agreement No.: Enter Current License No. here | | | | Enter Current License Holder here | | |
| **AMENITIES:** | | | | | | |
| Year Built: Enter Original Year Built here | | | | Remodeled: Enter Year Remodeled here | | |
| Boat House, Dock, or Slip Size:  Length x Width OR Total SF | | | | Construction [Dock]: Select Dock Type here  Other,explain here | | |
| Select All That Apply:  None | | | | | | |
| **Exterior Amenities:** | | | | **Interior Amenities:** | | |
| Vinyl  Wood  Other, explain here  Solid Wall Porch  Open Porch  Screened Porch | Patio Door  Lift, see LIFT below  Cover, see COVER below  Swim Deck, see SWIM DECK below | | | Heat  Plumbing, explain here Cabinetry  Cable/TV  Internet/Wi-Fi Electricity | | Bed(s), no. of bed(s)  Bath(s), no. of bath(s)  Other Room(s), no. of rooms / room type  Other Amenities, explain here |
| Lift Section:  None | | | Lift 1: Lift 1 Weight Rating  Lift 2: Lift 2 Weight Rating | | Lift 3: Lift 3 Weight Rating  Lift 4: Lift 4 Weight Rating | |
| Cover Section:  None | | | Length x Width  OR Total SF | | Select Cover Type here  Other,explain here | |
| Swim Deck Section:  None | | | Length x Width  OR Total SF | | Select Deck Type here  Other,explain here | |
| **ADDITIONAL OWNERSHIP, IF NEEDED** | | | | | | |
| Grantor | Seller | | Enter Seller [First & Last] here | | | Enter Seller [First & Last] here | |
| Address, City, State Zip | | Enter Seller Address here | | | Enter Seller Address here | |
| Phone No. | | Enter Seller Phone# here | | | Enter Seller Phone# here | |
| Email | | Enter Seller Email here | | | Enter Seller Email here | |
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| Grantor | Seller | | Enter Seller [First & Last] here | | | Enter Seller [First & Last] here | |
| Address, City, State Zip | | Enter Seller Address here | | | Enter Seller Address here | |
| Phone No. | | Enter Seller Phone# here | | | Enter Seller Phone# here | |
| Email | | Enter Seller Email here | | | Enter Seller Email here | |
|  | | | | | | |
| Grantee | Buyer | | Enter Buyer [First & Last] here | | | Enter Buyer [First & Last] here | |
| Address, City, State Zip | | Enter Buyer Address here | | | Enter Buyer Address here | |
| Phone No. | | Enter Buyer Phone # here | | | Enter Buyer Phone# here | |
| Email | | Enter Buyer Email here | | | Enter Buyer Email here | |
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| Grantee | Buyer | | Enter Buyer [First & Last] here | | | Enter Buyer [First & Last] here | |
| Address, City, State Zip | | Enter Buyer Address here | | | Enter Buyer Address here | |
| Phone No. | | Enter Buyer Phone # here | | | Enter Buyer Phone# here | |
| Email | | Enter Buyer Email here | | | Enter Buyer Email here | |
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| ***I [we] have filled out this form to the best of my [our] knowledge and declare the above statements are true and correct.*** | | | | | | |
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| Seller’s Signature: Click or tap here to Sign. | | | | Click or tap to enter a date. | | |
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| Buyer’s Signature: Click or tap here to Sign. | | | | Click or tap to enter a date. | | |
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| **Please return to:**  **Assessor's Office** 3rd Floor City Hall 400 La Crosse St La Crosse, WI 54601  OR  Email: [assessor@cityoflacrosse.org](mailto:assessor@cityoflacrosse.org) | | **Don’t Forget to Include:**  Boat House | Dock | Slip Reporting Form for City of La Crosse, completed  Bill of Sale [Reporting Form is NOT a Bill of Sale]  Proof of Payment [copy of check / cashier check, receipt for cash payment, etc.]  Proof of Insurance, **Required**  Valid Driver’s License or Photo ID for EACH Buyer / Seller | | | | |
| **AND / OR** | |
| **REMINDERS:**  Current Owner has provided New Owner a copy of the Parks, Recreation, & Forestry LICENSE AGREEMENT.  Boat House is currently in compliance with all current State of Wisconsin Statutes and Rules.  New Owner understands a new LICENSE AGREEMENT will need to be made with the riparian landowner.  New Owner understands any improvements done to Boat House | Dock | Slip requires a permit from the Wisconsin DNR. | | | | |
| **Parks, Recreation, & Forestry** 1st Floor City Hall 400 La Crosse St La Crosse, WI 54601  OR  Email: [boathouses@cityoflacrosse.org](mailto:boathouses@cityoflacrosse.org) | |