Annexation Review Questionnaire

Wisconsin Department of Administration

WI Dept. of Administration
Municipal Boundary Review
PO Box 1645
Madison WI 53701
608-264-6102 Fax: 608-264-6104
wimunicipalboundaryreview@wi.gov
http://doa.wi.gov/municipalboundaryreview

Petitioner: **Quam et al** Petition Number: **14517**

1. Territory to be annexed: From **TOWN OF KOSHKONONG** To **CITY OF FORT ATKINSON**

2. Area (Acres): 5.4

3. Pick one: ☒ Property Tax Payments **OR** ☐ Boundary Agreement

365.53
407.05

a. Annual town property tax on territory to be annexed: $ 772.78

b. Total that will be paid to Town (annual tax multiplied by 5 years): 3,863.90

c. Paid by: ☐ Petitioner ☒ City ☐ Village ☐ Other: _____

a. Title of boundary agreement _____

b. Year adopted _____

c. Participating jurisdictions _____

d. Statutory authority (pick one) ☐ s.66.0307 ☐ s.66.0225 ☐ s.66.0301

4. Resident Population: Electors: 4 Total: 4

5. Approximate **present land use** of territory:
Residential: 100 % Recreational: ____ % Commercial: ____ % Industrial: ____ %
Undeveloped: ____ %

6. If territory is undeveloped, what is the **anticipated use**?
Residential: 100 % Recreational: ____ % Commercial: ____ % Industrial: ____ %
Other: ____ %
Comments: _____

7. Has a ☐ preliminary or ☐ final plat been submitted to the Plan Commission: ☐ Yes ☑ No
Plat Name: _____

8. What is the **nature of land use adjacent** to this territory in the city or village?
Residential, vacant land, School
In the town?: _____

9. What are the **basic service needs** that precipitated the request for annexation?
☑ Sanitary sewer ☑ Water supply ☑ Storm sewers
☑ Police/Fire protection ☑ EMS ☑ Zoning
Other _____

10. Is the city/village or town capable of providing needed utility services?

City/Village ☑ Yes ☐ No Town ☐ Yes ☐ No

If yes, approximate timetable for providing service:

	City/Village	Town
Sanitary Sewers immediately	☐	☐
or, write in number of years.	5	____
Water Supply immediately	☐	☐
or, write in number of years.	5	____

Will provision of sanitary sewers and/or water supply to the territory proposed for annexation require capital expenditures (i.e. treatment plant expansion, new lift stations, interceptor sewers, wells, water storage facilities)?

☐ Yes ☑ No

If yes, identify the nature of the anticipated improvements and their probable costs: _____

11. Planning & Zoning:

a. Do you have a comprehensive plan for the City/Village/Town? ☑ Yes ☐ No

Is this annexation consistent with your comprehensive plan? ☑ Yes ☐ No

b. How is the annexation territory now zoned? Residential

c. How will the land be zoned and used if annexed? SR-2

12. Elections: ☐ New ward or ☐ Existing ward? Will the annexation create a new ward or join an existing ward? For more information, please contact the Wisconsin Election Commission at (608) 266-8005, **elections@wi.gov** or see their annexation checklist here: **http://elections.wi.gov/forms/el-100**

13. Other relevant information and comments bearing upon the public interest in the annexation:

Prepared by: ☐ Town ☑ City ☐ Village

Name: Michelle Ebbert

Email: mebbert@fortatkinsonwi.gov

Phone: 920 397 9901

Date: 7-13-22

Please **RETURN PROMPTLY** to:

wimunicipalboundaryreview@wi.gov

Municipal Boundary Review

PO Box 1645, Madison WI 53701

Fax: (608) 264-6104

(March 2018)