City of Wausau 407 Grant Street Wausau, WI 54403



(715) 261-6500 Fax (715) 261-6626

PLACE: Room_	•		City Hall, 407 Grant St., V	Vausau, WI
DATE OF HEARING:	TIME	<u> </u>	□ FEE PAID (\$25.00)	
SIGNATURE				
ALLEGED RENT IMPAIRIN	ig violation(s) i	TEM #(S): (From Offici	al Notice)	
IF YES: AGENCY			CONTACT PERSON	
IS ALL OR ANY PART OF Y	OUR RENT PAID E	BY A GOVERNMENTAI		%
DATE RENT IS DUE:				
TOTAL MONTHLY RENT:			DATE TENANCY COMMENCED:	
CURRENT ADDRESS: (To	which hearing corre	espondence should be	sent)	
	· ,	, ,		
APPLICANT: (Tenant/Autho	orized Agent) (place	aco print)		
IF "NO" INDICATE DATE(S	S) MOVED OUT:			
		IN THE ABOVE LIST	ED PROPERTY? - YES - NO	
				PHONE #:
TENANT(S) NAME(S):				
ADDRESS:				PHONE #:
(-, - =	,			
NAME(S) OF LANDLORD(S	5):			
DWELLING UNIT/LODGING ROOM			APPLICATION DATE:	
PROPERTY LOCATED AT:				
	Abat	ement Hearing	g Request Form	
OFFICIAL NOTICE#				ABATEMENT CASE#

IMPORTANT: All documents, records, photos, etc. offered as evidence will become part of the record in the case. If you wish to retain the original, be sure to bring the original, for comparison purposes, and a true copy to the hearing.