



Town of Troy N8870 Briggs Street East Troy, WI 53120 (262)642-5292

www.troywalworthwi.gov

2024 PROPERTY TAX INFORMATION:

There are **four ways to pay** your Town of Troy Property Taxes:

1. By Mail.
2. Drop Box – Located at the Town Hall parking lot to the right of the USPS mailbox.
*For Security, please DO NOT leave payment on the top shelf of the drop box.
Place in the slot marked “PAYMENTS”, and please do not put cash in the drop box.*
3. In Person.
4. Credit/debit card on the town website or in person.

COLLECTION DATES/HOURS AND DUE DATES:

Monday and **Wednesday** beginning December 9, 2024, through January 31, 2025, from **9:00AM to 3:00PM**, with extended hours on Monday December 30, 2024 from 7:00AM to 6:00PM. Please remember reminders of due dates **WILL NOT BE SENT.**

A. 1st Installment Full payment due by January 31, 2025. Payable to the Town of Troy.

**B. 2nd installment is due by July 31, 2025. Payable to the Walworth County Treasurer.
Reminders will not be sent by Walworth County.**

- The Town of Troy **NOW ACCEPTS** Credit/Debit card payments. Online or in person.
- Please include the payment stub from the tax bill and a phone number to reach you if there are any questions.
- Cash payments must have the **exact** amount, **The Town of Troy does not have cash available to make change.**
- Receipt of payment will be mailed if the clerk’s office is provided with a business sized, self-addressed, stamped envelope with your payment.
- Please endorse Tax Escrow Checks issued to you.
- Refund checks for overpayments in excess of \$10.00 will be mailed the following month. Refunds will not be issued for overpayments of less than \$10.00.
- To view or print a copy of a Property Tax Bill go to: www.co.walworth.wi.us.

Town Board and Planning Commission Meetings are held at the Town of Troy Town Hall, located at N8870 Briggs Street, and start at the time noted on the agenda. Meeting agendas are posted at the Troy Town Hall, and on the Town of Troy website (**troywalworthwi.gov**). The **Planning Commission** meets on the 1st Wednesday of the month. The **Town Board** meets on the 2nd Wednesday of the month.

TOWN CONTACTS:

Town Chairman	Jerry Arntson	chair@troywalworthwi.gov	262-642-9810
Supervisor	Thomas Lorden	sup1@troywalworthwi.gov	262-642-3544
Supervisor	Roger Bord	sup2@troywalworthwi.gov	262-642-5955
Clerk/Treasurer	Michael Ramps	clerktreas@troywalworthwi.gov	262-642-5292
Admin Assistant	Kristie Barber	deputy@troywalworthwi.gov	262-642-5292
Planning Comm. Sec.	Bernadette Janiszewski	plansec@troywalworthwi.gov	262-642-5292
Public Works Sup	Nick Gruling	dpwsup@troywalworthwi.gov	262-642-5293
Inspector	Jason Chromy	wbijc@att.net	262-364-6969
Troy Center Fire Dept	Non-Emergency	tcfed@troywalworthwi.gov	262-642-5294
Assessor	Associated Appraisal	www.apraz.com	800-721-4157

REMINDERS: Effective November 1 – April 1, there is No Parking on any Town Road or Right of Way (Ordinance 2009-5 Chapter 19). Snow or ice shall not be left on Town Roads from driveway plowing operations. Please keep your garbage/recycling carts off the right of way to prevent damage from plowing operations. 911 numbers must always be kept visible in case of emergency and may not be moved from their installed location. (Ordinance 2007-1 Chapter 17).

****Contact the Town Building Inspector for Permit Requirements prior to any work being done, otherwise fees will be doubled. ****

2025 DOG LICENSE APPLICATION: SUBMIT FEES AND PROOF OF RABIES CERTIFICATE

This form is downloadable from the Town of Troy website: troywalworthwi.gov.

****Please pay license fee separately from property tax payments.** All dogs more than 5 months of age in the Town of Troy must have and wear a license tag by **January 31st** of each year or upon arrival in the Town limits. **Be sure to include a current rabies CERTIFICATE showing proof of rabies. When paying by mail, include a business sized, self-addressed, stamped envelope for return mailing of the license and tag.**
FEES: (Exact amount of payment is required). Male or Female: Altered \$15.00 Unaltered \$33.00

Date: _____ **Owners Name:** _____ **Phone #:** _____

Address: _____

Dogs Name _____ Breed _____ Color _____ Male ___ Neutered ___ Female ___ Spayed ___

Veterinarian: _____ Date of Rabies Vaccination: _____ Rabies Expiration: _____

Dogs Name _____ Breed _____ Color _____ Male ___ Neutered ___ Female ___ Spayed ___

Veterinarian: _____ Date of Rabies Vaccination: _____ Rabies Expiration: _____

Dogs Name _____ Breed _____ Color _____ Male ___ Neutered ___ Female ___ Spayed ___

Veterinarian: _____ Date of Rabies Vaccination: _____ Rabies Expiration: _____

******* Official Use Only *******

Tag # /Dog Name _____ Tag #/Dog Name _____

Date Paid _____ Check # _____ Check Total _____ NEW RENEWAL REPLACE