



Town of Troy - N8870 Briggs Street, East Troy, WI 53120

(262) 642-5292

www.troywalworthwi.gov

2025 PROPERTY TAX INFORMATION

For your convenience, there are several ways to pay property taxes. Payments are accepted by mail, in person during collection hours, the external drop box (**no cash**), or by credit/debit card. Please be aware of a **convenience fee** when paying by credit/debit card.

The Walworth County Tax Collection System is accessible to you for viewing your tax bill, print receipts, view your tax history and **PAY ONLINE** in real time at www.co.walworth.wi.us. Select "Property Taxes". From Municipality Drop down menu select "TOWN OF TROY". Enter either the number address, street name, **or** your last name to find parcel. Click on your parcel number for the tax information.

IN PERSON COLLECTION DATES/HOURS

Monday and **Wednesday** beginning December 1, 2025, through January 28, 2026, from **9:00AM to 3:00PM**, with extended hours on Monday December 29, 2025, from 7:00 AM to 6:00 PM. The **office will be closed** on December 24, 25, 31, and January 1. Reminders of due dates **are not sent**.

DUE DATES

1st Installment/ Full payment due by January 31, 2026, **payable to the Town of Troy**.

2nd installment is due July 31, 2026. **Payable to the Walworth County Treasurer**.

- **PAYMENTS** are accepted in cash (**exact amount only**), check, money order, or cashier's check made payable to **TOWN OF TROY**. Please include the payment stub from the tax bill with a **phone number**. Please endorse Tax Escrow Checks issued to you. ***Pay dog license separately***.
- **RECEIPTS** for mailed/dropped off payments will be sent when a business sized, self-addressed, stamped envelope or email address is provided.
- **REFUNDS** will not be issued for overpayments of less than \$10.00. Overpayments of more than \$10.00 will be mailed the following month.

JOHNS Disposal Service Collection is on Friday, and recycling is every other week. Please see the enclosed calendar for the schedule. Call Johns for a **BULK** item collection appointment, 262-473-4700. Residents can schedule ONE bulk pick up per month and can choose to substitute **ONE** household electronic in lieu of the bulk pick up two times per year. www.johnsdisposal.com or office@johnsdisposal.com

MEETINGS Town Board (**2nd Wednesday of the month**) and Planning Commission Meetings (**1st Wednesday of the month**) are held at Town of Troy Town Hall 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).

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).

2026 DOG LICENSE APPLICATION: SUBMIT FEES AND PROOF OF RABIES CERTIFICATE

This form is downloadable from the Town of Troy website: www.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 vaccination. 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: _____

Dog's Name _____ Breed _____ Color _____ M/F _____ Altered Y/N _____
Veterinarian: _____ Date of Rabies Vaccination: _____ Rabies Expiration: _____

Dog's Name _____ Breed _____ Color _____ M/F _____ Altered Y/N _____
Veterinarian: _____ Date of Rabies Vaccination: _____ Rabies Expiration: _____

Dog's Name _____ Breed _____ Color _____ M/F _____ Altered Y/N _____
Veterinarian: _____ Date of Rabies Vaccination: _____ Rabies Expiration: _____

Dog's Name _____ Breed _____ Color _____ M/F _____ Altered Y/N _____
Veterinarian: _____ Date of Rabies Vaccination: _____ Rabies Expiration: _____

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

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

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

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