



Business Information Sheet

[PLEASE PRINT CLEARLY]

OFFICIAL BUSINESS NAME _____

CORP LLC INC LLP SOLE PROPRIETORSHIP PARTNERSHIP

BUSINESS NAME IN OSHKOSH _____

BUSINESS ADDRESS IN OSHKOSH _____

TYPE OF BUSINESS ENGAGED IN _____

DATE OPENED IN OSHKOSH _____

BUSINESS OWNER'S NAME _____

MAIL ADDRESS FOR TAX BILL _____

PHONE# OF OWNER OR CONTACT PERSON _____

LIST LEASING COMPANY'S NAME & ADDRESS _____

THAT YOU MAY BE LEASING EQUIPMENT FROM

Please complete and return this form to our office within five (5) business days. If you have any questions, please call (920) 236-5070. Thank you for your cooperation.

Send all correspondence to: **C/O PERSONAL PROPERTY
ASSESSORS OFFICE
CITY OF OSHKOSH
PO BOX 1130
OSHKOSH WI 54903-1130**