

**TOWN OF CABLE SANITARY DISTRICT #1
OWNERSHIP/ADDRESS CHANGE FORM**

CURRENT OWNER:

NAME: _____

ADDRESS:

PROPERTY ADDRESS:

CHANGE TO:

NAME: _____

ADDRESS:

SIGNED: _____

NOTE: Please fill out the above information for either a mailing address change or ownership change.
Please note that the Sanitary District only invoices the property owner as listed with Bayfield County.
Failure to make payments to the Sanitary District result in tax liens against the property hence the property owner must be aware of the status of the property and payment of invoices. The Cable Sanitary District is only responsible to notify property owners via the address above of penalties or interest charges.

Please forward the change form to the following address:
Town of Cable Sanitary District #1
PO Box 541
Cable WI 54821