

Board of Review Member Training Affidavit

This affidavit confirms that one or more Board of Review (BOR) voting members attended training before the BOR met, satisfying state law (sec. 70.46(4), Wis. Stats.).

STATE OF WISCONSIN

County of	OUTAGAMIE		
Co-muni code	44201		
Ι,	Kami Lynch	, the clerk for the	CITY OF APPLETON
designee(s), atte			ality's chief executive officer or the officer's training program before the BOR's first
BOR member(s	s) and attendance da	te:	
KAMI LYNCH			03/24/2023
Name JACOB WOODFORD			Date 05/10/2023
Name CHRISTOPHER CROATT			Date 05/10/2023
Name SHERI HARTZHEIM			Date 05/10/2023
Name KRISTIN ALFHEIM			Date 05/10/2023
Name KYLE LOBNER			Date 05/10/2023
Name SEAN MORGAN			Date 05/10/2023
Name LINDA MARX			Date 05/10/2023
Name			Date
05-17-2023 03:3	7 PM		
Date electronically f	iled		
kami.lynch@app	leton.org		
Clerk email			

PA-107 (R. 01-23) Wisconsin Department of Revenue



Board of Review Member Training Affidavit

Preparer Information			
Name Kami Lynch	Title Clerk		
Email	Phone		
kami.lynch@appleton.org	920-832-6443		

Signature Statement

Under penalties of law, I declare this form and all attachments are true, correct and complete to the best of my knowledge and belief.

Do you agree with the statement above?

XYES NO

Submission Information

You successfully submitted your report. Print a copy for your records.

Comuni code: 44201

Submission date: 05-17-2023 03:37 PM

Confirmation: PA10720231206O1684355864690

Submission type: ORIGINAL

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