

STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION

Tony Evers, Governor Kathy Blumenfeld, Secretary Jana Steinmetz, Administrator

October 1, 2024 SENT VIA EMAIL

Green Bay Press Gazette Tara Hamm 435 E Walnut Street PO Box 23430 Green Bay, WI 54305-3430

RE: Certification of Legal Notice Rates for January - December 2025

This is a request for information to certify your newspaper for publishing legal notices per Chapters 10 and 985, Wis. Stats. Follow the steps below:

- 1. **Review your current 2024 Certification Letter
- 2. **Complete the attached Application form, DOA-3417 (pre-populated with information from the database)
- 3. **Submit a Statement of Ownership (PS-3526) from your USPS office or alternative method listed on DOA-3417.
- 4. **Send in a full-page tear sheet from your legal/public notice section of your newspaper
- 5. **There are 3 places on the Application that need addressing. The County is only supposed to have one county listed. I began entering 2 or more as a way of identifying where that newspaper provides coverage. My decision has caused problems meaning we need to correct it by going back to only listing the county where your newspaper is located.
- 6. **In addition to number 5, on the application for PLACE OF PUBLICATION needs to be entered for every newspaper. This is requirement of state statutes. I have only a few newspapers who have provided this information.
- 7. **There is a new section will clear up the county problem. This section is labeled AREAS COVERED BY NEWSPAPER. To help assist every user of the Legal Notice program, they need to know which newspaper will provide the best results for their legal notice. Please enter every city, town, and village your newspaper provides coverage.

**Due to working out of my home, please send all items electronically to my email address (william2.goff@wisconsin.gov). Please do not mail anything. If you find you must mail anything, please contact me so I know to look for it when I am in the office.

All of the instructions are on the attached DOA form. Form DOA-3417 is also available as a fillable electronic form on our VendorNet website: Newspaper Rates for Publication of Legal Notices at https://doa.wi.gov/Forms/DOA-3417ApplicationtoCertifyNewspaperLegalNoticeRates.docx.

To be certified for 2025 you must return items 2 – 7 listed above. Please return by October 31, 2024 by email (william2.goff@wisconsin.gov). FAXED paperwork will not be accepted.

Failure to return the three items listed above (2-7) will deny your newspaper the legal right to collect a fee for publishing legal notices.

This application process is performed annually for certifying newspapers to publish legal notices and updating information throughout the year concerning font sizes, column widths, address or name changes and closures. State agencies, universities and municipalities shall not be held to any rate changes until your newspaper is certified by the Department of Administration.

If you have, any questions regarding this program please contact me, Bill Goff at william2.goff@wisconsin.gov and I will be happy to assist you.

Thank you for your time and assistance with this process. I look forward to your certification paperwork.

Sincerely,

Bill Goff Procurement Specialist Newspaper Certification Program State Bureau of Procurement Division of Enterprise Operations Department of Administration 101 E Wilson St, 6th Floor Madison, WI 53703-3405

Enclosure(s)
Form DOA-3417

STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DIVISION OF ENTERPRISE OPERATIONS DOA-3417 (R10/2024) AUTHORITY: S. 985, WIS. STATUTES.



STATE BUREAU OF PROCUREMENT 101 EAST WILSON STREET, 6TH FLOOR POST OFFICE BOX 7867 MADISON, WI 53707-7867 VOICE (608) 264-7658

http://vendornet.state.wi.us/vendornet/paprates/5a.asp

Application to Certify Newspaper Legal Notice Rates

Instructions: State of Wisconsin newspapers must apply to receive any compensation or fee for publishing legal notices by completing this form. **To renew your certification or apply for the first time, please complete all five (5) sections of this form**.

After renewal, if you need to update your information, only fill in the spaces on this form that apply to the change(s) and submit ten days prior to the effective date of the change so that new rates issued by the Department of Administration can be sent to the newspaper.

Return all of the required documents to the address above by US mail.

⊠ Re	new		New	Cha	inge to d	current info	rmation			Effe	ective Da	te of Cha	nge	Januar	y 1, 2025	
1. Ne	wspap	er N	ame:							Cont	tact Pers	on for pla	cing leg	al notice	es	
Green E										Tara	Hamm					
Street A	ddress				РО Вох	(**Co	unty					
435 E W	alnut Str	eet			PO Box	x 23430				Bro	wn					
City					State					Zip+	4					
Green I	Bay				WI					543	05-3430					
Telepho	ne Numb	er			Fax Nu	mber				Cont	tact Ema	il Address	3			
(877) 94	43-0446				(877) 9	943-0443				than	nm@gai	nnett.com	n			
**Place	e of Pu	blica	tion, as	defined	in Wis.	Stat. § 9	85.01(5)) Will	l you		ept email al notice		YES		NO	
				wspape les which		wspaper p	rovides ci	irculati	on)							
Publish	and on	Mc	onday	Tuesd	ay	Wednesc	lay Ti	hursda	у		Friday	Sa	aturday		Sunda	у
Publisi	ied on.		Χ	Х		Χ		Χ			X				Χ	
Total	Circulati	on	Paid Ci	rculation		Address .greenbay _]	pressgaze	tte.con	n						TAX ID N 06-103	
		Сс	lumn W	idth (meas	sured in	picas)	** Ple	ase Ve	rify	Col	umn Wi	dths and	Font L	ist **		
Col	Col	Co			Col	Col	Col	Col	Co		Col	Col	Col	Col	Col	Col
1 9.180	2 19 362	29.54	4 44 39 72	5 26 49.908	60.090	7	8	9	10	U	11	12	13	14	15	16
						<u>∕ I </u>	n applican	ıts shou	ıld sk	in to	Section	2 unless	changing	n or ado	ling fonts	
	nt & Size			nt & Size	11 20.01	Font &			ont 8	-		Font 8		9 0, 440	Font & S	Size
Arial 6p									<u> </u>							
ONLY :		-1-		alalia a for f		0.115	LE -641	<u> </u>	۸ ۲	4 -		-:-4- 5"	(0)	de la	. I	
a throug	h z in <u>low</u>	ercas	<u>e,</u> repeate	ed in one co	ontinuou	nit a SAMP Is line. The mnopqrstu	sample m	ust NO	T cor	ntain	kerning,					gged

One sample of each point size and style (bold or italic) must be submitted with name and size of font on a separate sheet.

rent Company Name		Parent Company Contact Person
annett Satellite Info Sys d	oa Gannett WI Media	Tara Hamm
reet Address	PO Box	Tax ID Number
2 W College Ave	10th Floor	06-1032273
ty	State	Zip + 4
ppleton	WI	54911-
lephone Number	Fax Number	Email for Parent Company
66) 431-8665	(920) 993-7145	
ave you submitted the comp	leted DOA-6448 Taxpayer Identification Number	/erification form?
□ YES □	NO **Please verify TAX ID # for both	Newspaper Company and Parent Company**
independent third party circulation numbers on requirements of Statute	The State of Wisconsin Department of Admor before the 15th of October of each year. Telephones. 385.03.	inistration requires the most recent 12 months of your pathis will certify that your publication meets the
To verify your newspap independent third party circulation numbers on requirements of Statute United States Post (All Periodicals Pu Audit Bureau of Ci	The State of Wisconsin Department of Admor before the 15th of October of each year. T	inistration requires the most recent 12 months of your paths will certify that your publication meets the ment and Circulation (PREFERED) Form 3526
To verify your newspap independent third party circulation numbers on requirements of Statute United States Posi (All Periodicals Pu Audit Bureau of Ci Circulation Verificators Required Sam	The State of Wisconsin Department of Admor before the 15th of October of each year. To 985.03. The State of Wisconsin Department of Admor before the 15th of October of each year. To 985.03. The State of Wisconsin Department of Admor before the 15th of October of each year. To 985.03. The State of Wisconsin Department of Admor before the 15th of October of each year. The 15th	This will certify that your publication meets the ment and Circulation (PREFERED) Form 3526 Verified Audit Circulation: http://www.verifiedaudit.com/
To verify your newspap independent third party circulation numbers on requirements of Statute United States Posi (All Periodicals Pu Audit Bureau of Ci Circulation Verification Please scan as musection. 5. Certification By signing below, I chave provided in this	The State of Wisconsin Department of Admor before the 15th of October of each year. To 985.03. All Service Statement of Ownership, Manager Dilications except Requester Publications) PS culation: www.accessabc.com Ition Council: http://www.cvcaudit.com/ Tole The of a full page as possible of your newsparentify that the newspaper named above meets the or before the page and th	inistration requires the most recent 12 months of your pathis will certify that your publication meets the ment and Circulation (PREFERED) Form 3526 Verified Audit Circulation: http://www.verifiedaudit.com/ Other:
To verify your newspap independent third party circulation numbers on requirements of Statute United States Posi (All Periodicals Pu Audit Bureau of Ci Circulation Verification Please scan as musection. 5. Certification By signing below, I chave provided in this	The State of Wisconsin Department of Admor before the 15th of October of each year. To 985.03. All Service Statement of Ownership, Manager Dilications except Requester Publications) PS culation: www.accessabc.com Ition Council: http://www.cvcaudit.com/ Tole The of a full page as possible of your newsparentify that https://www.cvcaudit.com/ The option of the option of the page as possible of your newsparentify that https://www.cvcaudit.com/ The option of the option of the page as possible of your newsparentify that https://www.cvcaudit.com/	inistration requires the most recent 12 months of your pair his will certify that your publication meets the ment and Circulation (PREFERED) Form 3526 Verified Audit Circulation: http://www.verifiedaudit.com/ Other: Deer that displays your legal notice or classifieds The criteria in Wis. Stat. § 985.03(1) and that the information I
To verify your newspap independent third party circulation numbers on requirements of Statute United States Posi (All Periodicals Pu Audit Bureau of Ci Circulation Verification Please scan as musection. 5. Certification By signing below, I chave provided in this information may discontinuous and section.	The State of Wisconsin Department of Admor before the 15th of October of each year. To 985.03. All Service Statement of Ownership, Manager Dications except Requester Publications) PS oculation: www.accessabc.com Ition Council: http://www.cvcaudit.com/ Tole The object of a full page as possible of your newsparent of a full page as possible of your newsparent of the set of my known in the proposition of the best of my known in the proposition of the best of my known in the proposition of the best of my known in the proposition is true and complete to the best of my known in the proposition is true and complete to the best of my known in the proposition is true and complete to the best of my known in the proposition is true and complete to the best of my known in the proposition is true and complete to the best of my known in the proposition is true and complete to the best of my known in the proposition is true and complete to the best of my known in the proposition is true and complete to the best of my known in the proposition is true and complete to the best of my known in the proposition is true and complete to the best of my known in the proposition is true and complete to the best of my known in the proposition is true and complete to the best of my known in the proposition is true and complete to the best of my known in the proposition is true and complete to the best of my known in the proposition is true and complete to the best of my known in the proposition is true and complete to the best of my known in the proposition is true and the proposition in the proposition i	inistration requires the most recent 12 months of your pair his will certify that your publication meets the ment and Circulation (PREFERED) Form 3526 Verified Audit Circulation: http://www.verifiedaudit.com/ Other: Deer that displays your legal notice or classifieds See criteria in Wis. Stat. § 985.03(1) and that the information I nowledge. I understand that any false, misleading, or missing