



STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION

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

October 1, 2024

SENT VIA EMAIL

**Muscoda Progressive**  
Barb Puckett  
226 W Nebraska Avenue  
PO Box 247  
Muscodia, WI 53573-0247

**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](mailto: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](mailto: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](mailto: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, 6<sup>th</sup> Floor  
Madison, WI 53703-3405

Enclosure(s)  
Form DOA-3417



## 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.

|  |                              |  |   |
|--|------------------------------|--|---|
| <input checked="" type="checkbox"/> Renew                    | <input type="checkbox"/> New | <input type="checkbox"/> Change to current information | Effective Date of Change    January 1, 2025   |
| <b>1. Newspaper Name:</b><br>Muscodia Progressive            |                              |  | Contact Person for placing legal notices<br>Barb Puckett  |
| Street Address<br>226 W Nebraska Avenue                      |                              | PO Box<br>PO Box 247                                   | **County<br>Grant   |
| City<br>Muscodia   |                              | State<br>WI  | Zip+4<br>53573-0247   |
| Telephone Number<br>(608) 375-4458                           |                              | Fax Number<br>(608) 375-2369                           | Contact Email Address<br>DialAds@boscobelDial.net   |
| **Place of Publication, as defined in Wis. Stat. § 985.01(5) |                              |  | Will you accept emailed legal notices? <input type="checkbox"/> YES <input type="checkbox"/> NO |

**\*\*Areas covered by Newspaper**  
 (list all cities, towns, and villages which your newspaper provides circulation)

|                   |                  |                                 |           |               |        |          |                             |
|-------------------|------------------|---------------------------------|-----------|---------------|--------|----------|-----------------------------|
| Published on:     | Monday           | Tuesday                         | Wednesday | Thursday<br>X | Friday | Saturday | Sunday                      |
| Total Circulation | Paid Circulation | WEB Address<br>www.swnews4u.com |           |               |        |          | TAX ID NUMBER<br>14-1848610 |

Column Width (measured in picas)      \*\* Please Verify Column Widths and Font List \*\*

|        |        |        |        |        |        |       |       |       |        |        |        |        |        |        |        |
|--------|--------|--------|--------|--------|--------|-------|-------|-------|--------|--------|--------|--------|--------|--------|--------|
| Col 1  | Col 2  | Col 3  | Col 4  | Col 5  | Col 6  | Col 7 | Col 8 | Col 9 | Col 10 | Col 11 | Col 12 | Col 13 | Col 14 | Col 15 | Col 16 |
| 10.000 | 21.000 | 32.000 | 43.000 | 54.000 | 65.000 |       |       |       |        |        |        |        |        |        |        |

**New applicants must complete the section below.** Renewing applicants should skip to Section 2 unless changing or adding fonts.

|                   |                        |             |             |             |             |
|-------------------|------------------------|-------------|-------------|-------------|-------------|
| Font & Size       | Font & Size            | Font & Size | Font & Size | Font & Size | Font & Size |
| Arial 9pt         | Arial Bold 10pt        |             |             |             |             |
| Arial Bold 9pt    | Arial Bold Italic 10pt |             |             |             |             |
| Arial 10pt        |                        |             |             |             |             |
| Arial Italic 10pt |                        |             |             |             |             |

**ONLY if you are changing or adding fonts, submit a SAMPLE of the fonts.** A font sample consists of three (3) alphabet lengths a through z in lowercase, repeated in one continuous line. The sample must NOT contain kerning, ligatures, and must be flush left (ragged right) e.g.: abcdefghijklmnopqrstuvwxyzabcdefghijklmnopqrstuvwxyzabcdefghijklmnopqrstuvwxyz  
**One sample of each point size and style (bold or italic) must be submitted with name and size of font on a separate sheet.**

|   |                              |   |
|---|------------------------------|---|
| <b>2. Parent Company Information: (if different than #1 above)</b>  |                              |   |
| Parent Company Name<br><b>Morris Newspaper of Wisconsin</b>   |                              | Parent Company Contact Person<br>John Ingebritsen |
| Street Address<br>208 W Cherry St   | PO Box<br>PO Box 310         | Tax ID Number<br>14-1848610                       |
| City<br>Lancaster   | State<br>WI                  | Zip + 4<br>53813-0310                             |
| Telephone Number<br>(608) 723-2151  | Fax Number<br>(608) 723-7272 | Email for Parent Company                          |
| Have you submitted the completed DOA-6448 Taxpayer Identification Number Verification form?<br><input type="checkbox"/> YES <input type="checkbox"/> NO      **Please verify TAX ID # for both Newspaper Company and Parent Company** |                              |   |

**3. Required Verification of Paid Circulation:**

To verify your newspaper's total paid circulation, you are required to submit one of the forms listed below every year from an independent third party. The State of Wisconsin Department of Administration requires the most recent 12 months of your paid circulation numbers on or before the 15th of October of each year. This will certify that your publication meets the requirements of Statute 985.03.

- United States Postal Service Statement of Ownership, Management and Circulation (PREFERRED)  
(All Periodicals Publications except Requester Publications) PS Form 3526
- Audit Bureau of Circulation: [www.accessabc.com](http://www.accessabc.com)       Verified Audit Circulation: <http://www.verifiaaudit.com/>
- Circulation Verification Council: <http://www.cvcaudit.com/>       Other: \_\_\_\_\_

**4. Required Sample**

Please scan as much of a full page as possible of your newspaper that displays your legal notice or classifieds section.

**5. Certification**

By signing below, I certify that the newspaper named above meets the criteria in Wis. Stat. § 985.03(1) and that the information I have provided in this application is true and complete to the best of my knowledge. I understand that any false, misleading, or missing information may disqualify me from consideration.

|            |             |                               |
|------------|-------------|-------------------------------|
| Print Name | Print Title | Telephone Number<br>(   )   - |
| Signature  |             | Date (mm/dd/ccyy)             |