



State of Wisconsin Department of Administration

Division of Enterprise Operations

Tony Evers, Governor
Kathy Blumenfeld, Secretary
Richard Rydecki, Administrator

September 28, 2026

SENT VIA EMAIL

Regional Times Reporter

Shelley Festge

1126 Mills St

PO Box 286

Black Earth, WI 53515-

RE: Certification of Legal Notice Rates for January – December 2027

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 2026 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

****Due to working out of my home, please send all items electronically to my email address (william2.goff@wisconsin.gov).**

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 2027 you must return items 2 – 4 listed above. Please return by October 31, 2026 by email (william2.goff@wisconsin.gov). **FAXED paperwork will not be accepted.**

Failure to return the three items listed above (2 – 4) 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 in regard to 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



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.

☒ Renew	☐ New	☐ Change to current information	Effective Date of Change	January 1, 2027											
1. Newspaper Name: Regional Times Reporter			Contact Person for placing legal notices Shelley Festge												
Street Address 1126 Mills St		PO Box PO Box 286	**County Green Lake												
City Black Earth		State WI	Zip+4 53515-												
Telephone Number (608) 767-3655		Fax Number (608) 767-2222	Contact Email Address legals@fingerpub.com												
**Place of Publication, as defined in Wis. Stat. § 985.01(5) Berlin, WI			Will you accept emailed legal notices? ☐ YES ☐ NO												
**Areas covered by Newspaper (list all cities, towns, and villages which your newspaper provides circulation) Berlin, Dalton, Fairwater, Green Lake, Kingston, Markesan, Marquette, Montello, Neshkoro, Princeton, Ripon															
Published on:	Monday	Tuesday	Wednesday	Thursday X	Friday	Saturday	Sunday								
Total Circulation	Paid Circulation	WEB Address				TAX ID NUMBER 83-4205387									
Column Width (measured in picas) ** Please Verify Column Widths and Font List **															
Col 1 11.500	Col 2 24.000	Col 3 36.000	Col 4 49.000	Col 5 63.000	Col 6	Col 7	Col 8	Col 9	Col 10	Col 11	Col 12	Col 13	Col 14	Col 15	Col 16
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		Font & Size		Font & Size	
Arial 9pt															
Arial Italic 9pt															
Arial Bold 9pt															
Arial Bold Italic 9pt															

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.

2. Parent Company Information: (if different than #1 above)

Parent Company Name Finger Printing and Publishing, Inc		Parent Company Contact Person Amanda Henning
Street Address 1126 Mills St	PO Box PO Box 286	Tax ID Number 83-4205387
City Black Earth	State WI	Zip + 4 53515-
Telephone Number (608) 767-3655	Fax Number (608) 767-2222	Email for Parent Company amanda@fingerpub.com

Have you submitted the completed DOA-6448 Taxpayer Identification Number Verification form?

☐ YES

☐ 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

☐ Verified Audit Circulation: <http://www.verifiedaudit.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 () -
Signature		Date (mm/dd/ccyy)