



STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION

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

September 25, 2023

SENT VIA EMAIL

**Sharon Reporter**

Legal Department  
PO Box 329  
Walworth, WI 53184-

**RE: Certification of Legal Notice Rates for January – December 2024**

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 2023 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](mailto: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 2024 you must return items 2 – 4 listed above. Please return by October 31, 2023 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 – 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](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, 2024 |        |             |        |                              |  |                             |  |
| <b>1. Newspaper Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                              |                  |                                                                          |                |                                 |       |                                        |        | Contact Person for placing legal notices |        |                 |        |             |        |                              |  |                             |  |
| Sharon Reporter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                              |                  |                                                                          |                |                                 |       |                                        |        | Legal Department                         |        |                 |        |             |        |                              |  |                             |  |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                              |                  |                                                                          | PO Box         |                                 |       |                                        |        | County                                   |        |                 |        |             |        |                              |  |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                              |                  |                                                                          | PO Box 329     |                                 |       |                                        |        | Walworth                                 |        |                 |        |             |        |                              |  |                             |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                              |                  |                                                                          | State          |                                 |       |                                        |        | Zip+4                                    |        |                 |        |             |        |                              |  |                             |  |
| Walworth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                              |                  |                                                                          | WI             |                                 |       |                                        |        | 53184-                                   |        |                 |        |             |        |                              |  |                             |  |
| Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                              |                  |                                                                          | Fax Number     |                                 |       |                                        |        | Contact Email Address                    |        |                 |        |             |        |                              |  |                             |  |
| (262) 728-3411                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                              |                  |                                                                          | (262) 725-7702 |                                 |       |                                        |        | legals@southernlakesnewspapers.com       |        |                 |        |             |        |                              |  |                             |  |
| 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 |  |
| Published on:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        | Monday                       |                  | Tuesday                                                                  |                | Wednesday                       |       | Thursday                               |        | Friday                                   |        | Saturday        |        | Sunday      |        |                              |  |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                              |                  |                                                                          |                |                                 |       |                                        |        | X                                        |        |                 |        |             |        |                              |  |                             |  |
| Total Circulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                              | Paid Circulation |                                                                          |                | WEB Address                     |       |                                        |        |                                          |        | TAX ID NUMBER   |        |             |        |                              |  |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                              |                  |                                                                          |                | www.southernlakesnewspapers.com |       |                                        |        |                                          |        | 39-2022463      |        |             |        |                              |  |                             |  |
| 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 |                              |  |                             |  |
| 9.500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 19.750 | 30.000                       | 40.250           | 50.500                                                                   | 60.750         |                                 |       |                                        |        |                                          |        |                 |        |             |        |                              |  |                             |  |
| <b>New applicants must complete the section below.</b> 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 8 pt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                              |                  |                                                                          |                |                                 |       |                                        |        |                                          |        |                 |        |             |        |                              |  |                             |  |
| Arial Bold 8 pt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                              |                  |                                                                          |                |                                 |       |                                        |        |                                          |        |                 |        |             |        |                              |  |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                              |                  |                                                                          |                |                                 |       |                                        |        |                                          |        |                 |        |             |        |                              |  |                             |  |
| <b>ONLY if you are changing or adding fonts, submit a SAMPLE of the fonts.</b> A font sample consists of three (3) alphabet lengths a through z in <u>lowercase</u> , repeated in one continuous line. The sample must NOT contain kerning, ligatures, and must be flush left (ragged right) e.g.; abcdefghijklmnopqrstuvwxyzabcdefghijklmnopqrstuvwxyzabcdefghijklmnopqrstuvwxyz<br><b>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> |        |                              |                  |                                                                          |                |                                 |       |                                        |        |                                          |        |                 |        |             |        |                              |  |                             |  |
| <b>2. Parent Company Information: (if different than #1 above)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                              |                  |                                                                          |                |                                 |       |                                        |        |                                          |        |                 |        |             |        |                              |  |                             |  |
| Parent Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                              |                  |                                                                          |                |                                 |       |                                        |        | Parent Company Contact Person            |        |                 |        |             |        |                              |  |                             |  |
| Southern Lakes Newspapers LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                              |                  |                                                                          |                |                                 |       |                                        |        | Karen Whittington                        |        |                 |        |             |        |                              |  |                             |  |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                              |                  |                                                                          | PO Box         |                                 |       |                                        |        | Tax ID Number                            |        |                 |        |             |        |                              |  |                             |  |
| 1102 Ann Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                              |                  |                                                                          |                |                                 |       |                                        |        | 39-2022463                               |        |                 |        |             |        |                              |  |                             |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                              |                  |                                                                          | State          |                                 |       |                                        |        | Zip + 4                                  |        |                 |        |             |        |                              |  |                             |  |
| Delavan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                              |                  |                                                                          | WI             |                                 |       |                                        |        | 53115-1938                               |        |                 |        |             |        |                              |  |                             |  |
| Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                              |                  |                                                                          | Fax Number     |                                 |       |                                        |        | Email for Parent Company                 |        |                 |        |             |        |                              |  |                             |  |
| (262) 728-3411                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                              |                  |                                                                          | (262) 725-7702 |                                 |       |                                        |        |                                          |        |                 |        |             |        |                              |  |                             |  |
| Have you submitted the completed DOA-6448 Taxpayer Identification Number Verification form?                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                              |                  |                                                                          |                |                                 |       |                                        |        |                                          |        |                 |        |             |        |                              |  |                             |  |
| <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.verifiedaudit.com/>
- Circulation Verification Council: <http://www.cvcaudit.com/>       Other: \_\_\_\_\_

**Wis. Stat. §985.01 Definitions.** As used in this chapter, unless the context requires otherwise:

**(3g) "News content"** means written information and images, other than advertisements, that are printed in a publication.

**(3r)** Except as otherwise provided in this subsection or in s.985.03 (1) (am), **"newspaper"** means a publication that is published at regular intervals and at least once a week, with a minimum of 50 issues each year containing, on average, at least 25 percent news content per issue, including reports of happenings of recent occurrence of a varied character, such as political, social, moral and religious subjects, designed to inform the general reader. "Newspaper" includes a daily newspaper published in a county having a population of 750,000 or more, devoted principally to business news and publishing of records, which has been designated by the courts of record of the county for publication of legal notices for a period of 6 months or more. "Newspaper" also includes a newspaper published in the town of Washington, Door County, at least 2 times a month.

**(5) A newspaper is "published" at the place** from which its mailing permit is issued, except that if the place where the newspaper has its major concentration of circulation has no primary post office, then at the place it shall designate as its place of publication in the affidavit required by s.985.03 (1) (cm), but no newspaper shall have more than one place of publication during the same period of time.

#### **Wis. Stat. §985.03 Qualifications of newspapers.**

**(1)(a)** Except as provided in par. (am), no publisher of any newspaper in this state shall be awarded or be entitled to any compensation or fee for the publishing of any legal notice unless the newspaper has had a bona fide paid circulation and one of the following applies:

**1m.** The newspaper has been published at least once each week for at least 50 consecutive issues prior to the first publication of the notice in the city, village, or town where published, or the newspaper can verify to the department of administration using postal records that the newspaper has been circulated to the minimum number of print,

digital, or electronic subscribers required under s.985.01 (1b) prior to the issuance of its mailing permit from its place of publication, as set forth in s.985.01 (5).

**2m.** The newspaper is a successor to a newspaper described in subd. 1m. and the successor newspaper has resumed publication following succession within 30 days.

**3.** The newspaper has merged or consolidated with one or more newspapers and one of the newspapers subject to the consolidation or merger has been continuously published at regular intervals of at least once each week for at least 50 issues each year for at least one year prior to the first publication of the notice.

**(am)** If there is not a newspaper in a city, village, or town that satisfies the requirements under par. (a), the publisher of a newspaper that satisfies all of the following may be awarded or be entitled to compensation or a fee for the publishing of a legal notice:

**1.** The newspaper has been circulated at least once each week for at least 50 issues each year for one year prior to the first publication of the notice in the city, village, or town and publishing in the newspaper is likely to give notice in the area or to the affected person.

**2.** The newspaper is otherwise qualified under this section.

**(b)** Suspension of publication resulting from the mobilization of troops being called to active duty with the armed forces, strike, lockout or damage, or destruction due to war, fire or act of God, shall not count as an interval in publication.

**(bm)** A period of disqualification not to exceed 2 years due only to the place of publication shall not count as an interval in publication.

**(cm)** A newspaper in order to be eligible under this section shall also file a certificate with the county clerk stating that it qualifies under this section and stating its place of publication.

### 4. Required Sample

Please enclose a full page of your newspaper that displays your legal notice 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)         |