

NEWPRS

Northeastern Wisconsin Property Reporting System 

www.newprs.com

Department Name _____

Department Address _____

City _____ State _____ Zip _____

Phone Number _____ Date _____

Send form to michellebe@greenbaywi.gov or rickbe@greenbaywi.gov
Fax 920-448-3162

Employee or Division

Name _____

Username _____

Password _____

Email Address _____

Name _____

Username _____

Password _____

Email Address _____