

# Address/ Fire/ House Number Application

Property Owner: \_\_\_\_\_

Property Owner Telephone Number: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

Applicant Name (if different than Owner): \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

I understand by signing this application, a one-time fee of \$40 will be added to my tax bill.

Email address: \_\_\_\_\_ Date: \_\_\_\_\_

## REPLACEMENT

PROPERTY ADDRESS THAT NEEDS TO BE REPLACED:

### Property Location

Municipality: BIG FLATS

Parcel Number:

Sec.	Town:	Range:	1/4	1/4	Gvt Lt:
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Lot:	Blk	Subdivision:
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Lot:	CSM:
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## For Adams County Use Only

Date Assigned: \_\_\_\_\_ Replacement Sign: \_\_\_\_\_

Address on Computer: \_\_\_\_\_

Address on Property: \_\_\_\_\_ Hwy Permit:  Yes  No  Existing

Notified Property Owners or Applicant by: Phone \_\_\_\_\_ Mail \_\_\_\_\_

In Person \_\_\_\_\_ Email \_\_\_\_\_

**New Site Address:**

\_\_\_\_\_

Return to: Town of Big Flats  
1104 County Rd. C  
Arkdale, WI 54613-9728

Phone: (608)564-7754  
email: clerk@tn.bigflats.wi.gov