

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 must be submitted with this form. Please make check payable to Town of Big Flats

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:
Lot:	Blk	Subdivision:			
Lot:	CSM:				

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