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 application.

Email address: _____Date:_____

REPLACEMENT

PROPERTY ADDRESS THAT NEEDS TO BE REPLACED:

Property Location					
Municipality: BIG FLATS					
Parcel Number: 004-__ __ __ __ __--__ __ __ __					
Sec.	Town: 19	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