

**REQUEST TO THE TOWN OF WRIGHTSTOWN
ZONING BOARD OF APPEALS**

APPELLANT

AGENT FOR APPLICANT

Name: _____

Name: _____

Address: _____

Address: _____

(City) (State) (Zip)
Phone: _____

(City) (State)
Phone: _____

REQUEST (State briefly what is being requested and why)

PROPERTY LOCATION AND DESCRIPTION

Private Claim #W-_____, _____ 1/4, of the _____ 1/4, of Section _____,

T_____ N, R_____ E, Town of Wrightstown

Area _____ Acres Legal Description of Property _____

Date: _____

(Signature of Appellant)

Return with a detailed site plan and a check to the Town of Wrightstown for \$265 by the 22nd of the month to Richard Gerbers 6816 Shanty Rd. Greenleaf, WI 54126 and a hearing will be scheduled.