TOWN OF PESHTIGO

FIRE NUMBER APPLICATION

Fire Number Application #_____

Date Received_____ By_____

Please complete all areas of application that are applicable

Tax Parcel Number_____ (can obtain from tax bill)

Legal Description: Sec. _____T._____N. R_____E.

Property Owner Name_____ Email _____

Phone # _____

Road Name _____

Owner's Permanent Mailing Address

_____

$75.00 -- Fire Number Fee

Make check payable to Nature's Edge and submit payment with application.

W11954 Kitty Dell Circle, Crivitz, WI 54114 715-245-1708

Signature of Applicant_____ Date_____

Approved _____ Date_____

Fire Number Assigned_____

Notes: _____