

**Town of Linn**  
**Roadway Improvement Application**

ROAD NAME \_\_\_\_\_

LENGTH OF IMPROVEMENT REQUESTED \_\_\_\_\_

WIDTH OF IMPROVEMENT REQUESTED \_\_\_\_\_

REASON(S) FOR IMPROVEMENT REQUESTED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Information**

DATE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**APPLICATION MUST INCLUDE THE LOCATION ON AN ATTACHED SURVEY OR MAP, LIST OF ALL PROPERTY OWNERS AND A SIGNED PETITION BY THE MAJORITY OF PROPERTY OWNERS ALONG THE RIGHT-OF-WAY REQUESTED TO BE IMPROVED. EACH OWNER MUST BE LISTED WITH THEIR PROPERTY PARCEL NUMBER.**

Please remit to: Town of Linn, PO BOX 130, Zenda, WI 53195 of [linnhighway@townoflinn.wi.gov](mailto:linnhighway@townoflinn.wi.gov).

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**FOR TOWN USE ONLY**

DATE RECEIVED \_\_\_\_\_

FORMS AND INFORMATION COMPLETE Y/N

SIGNATURE \_\_\_\_\_

COUNTY PERMITTING NEEDED Y/N

WDNR PERMITTING NEEDED Y/N