

**TREMPEALEAU COUNTY
CERTIFIED SURVEY MAP APPLICATION**

Date Received _____

To be completed by applicant:

Owner's name _____ Surveyor's name _____
Address _____ Address _____

Contact name _____
Address _____

Telephone Number _____ Telephone Number _____

Section _____, T _____ N, R _____ W, Township Name _____

To be completed by Department:

Review Fee (\$50.00) _____ Receipt Number _____

Zoning Map Number _____

Review date _____

Comments: _____

___ Map review completed on _____ by _____
___ First surveyor contact on _____ by _____
___ Map re-review completed on _____ by _____
___ Second surveyor contact on _____ by _____
___ Map approved on _____ by _____
___ Map to Register of Deeds on _____ by _____