TO: TOWN OF PESHTIGO- CLERK'S OFFICE

APPLICATION FOR: (check one)

☐ PLAN COMMISSION ☐ BOARD OF APPEALS ☐ FIRE COMMISSION

☐ OTHER: _____

NAME: _____

ADDRESS: _____

_____

_____

TELEPHONE NUMBER: _____

EMAIL: _____

WHY ARE YOU INTERESTED IN THIS POSITION:

_____

_____

_____

_____

_____

SIGNATURE:_____ DATE:_____

Please email the completed form to topclerk@townofpeshtigo.org or mail to:
Town of Peshtigo W2435 Old Peshtigo Road Marinette, WI 54143.