

# TOWN OF METOMEN

## Fond du Lac County

### REQUEST FOR TOWN ACTION FORM

The Town of Metomen will take no action unless this form is filled out, signed, and dated by you. All action taken by the Board in response to this request will be in writing. **DO NOT TAKE ANY ACTION REGARDING THIS REQUEST WITHOUT SUCH WRITTEN RESPONSE.** Any verbal representation made to you is null and void. Return this form and any supporting documents to the Town Board Chairman ten (10) days prior to the monthly meeting for consideration.

Request made by:

First Name

Last Name

Date

Address:

Fire Number

Road

City

Zip Code

**Action Requested:** (Please provide as much detail as possible, such as name, addresses, photos, to aid the Town Board decision process)

Signature of Requestor:

Contact Phone Number

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#### OFFICIAL USE ONLY

Received by\_\_\_\_\_

Date\_\_\_\_\_

Emergency Response Needed:

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#### OFFICIAL USE ONLY

Action Taken by Town Board

Town Chairman Signature\_\_\_\_\_ Date\_\_\_\_\_

Town Supervisor Signature\_\_\_\_\_ Date\_\_\_\_\_

Town Supervisor Signature\_\_\_\_\_ Date\_\_\_\_\_

