



Bayfield County LWCD
 615 2nd Ave. East; PO Box 126
 Washburn WI 54891

Project Request Year _____

Phone: (715) 373-6167

FAX: (715) 373-6127

Web: www.bayfieldcounty.org

Project Request Form

Please complete the column to the right of the shaded boxes on the top portion of this form. Return the form to: Bayfield County LWCD • P.O. Box 126 • Washburn WI 54891. If you have questions or require additional information please call: 1-715-373-6167.

<i>Date of Request:</i>	
<i>Name:</i>	
<i>Mailing Address:</i>	
<i>City, State, Zip:</i>	
<i>Project Address (if different):</i>	
<i>Contact Information:</i>	<i>Home:</i>
	<i>Work:</i>
	<i>Cell:</i>
	<i>Fax:</i>
	<i>Email:</i>
<i>Township:</i>	
<i>Legal Description:</i>	T____N R____E/W Sec.____ Q__ Q__
<i>Proposed Project Description:</i>	
↓ ↓ ↓ ↓ FOR OFFICE USE ONLY ↓ ↓ ↓ ↓	
<i>Date Received (Date Stamp):</i>	
<i>Staff Contact/Lead for Project:</i>	
<i>Field Investigation Conducted:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
<i>Eligible for Cost-Share:</i>	<input type="checkbox"/> Yes Program(s): <input type="checkbox"/> No
<i>ATCP Practice Code(s):</i>	
<i>Maps & Photos Attached:</i>	<input type="checkbox"/> Plat <input type="checkbox"/> Photo <input type="checkbox"/> Soils <input type="checkbox"/> Topo <input type="checkbox"/> Other _____
<i>Ranking Sheet Completed:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Completed: _____
<i>Request Taken By:</i>	

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Mission: To assist the public in protecting, enhancing, and restoring the natural resources of Bayfield County.