

**TOWN OF TAYCHEEDAH
STREET USE PERMIT APPLICATION
Pursuant to Chapter 7-7-1
Codification of Ordinances**

Applicant:

Name: _____

Address: _____

Phone: _____

Organization (if applicable):

Name: _____

Address: _____

Phone: _____

Person Responsible for Street Use (if not applicant):

Name: _____

Address: _____

Phone: _____

Proposed use for the street use permit:

Date of requested street use: _____

Duration of requested street use _____

Approximate number of people in attendance: _____

Description of portion of street(s) requested to use: _____

Applicant Signature: _____ Date: _____

Town Approved on (date): _____ By: _____

Title: _____

Please complete form and submit to:

Town of Taycheedah

Attn: Kristin A. Marcoe

W4295 Kiekhaefer Parkway

Fond du Lac, WI 54937

Phone & Fax: 920-921-5224

Email: clerk@townoftaycheedah.com