

Excavations of Roads, Public Rights-of-Way and Grounds Permit

Date of Excavation: _____

Permit Number _____

Time of Excavation: _____

Fee: \$25.00

Name of Applicant: _____

Address: _____ Telephone: _____

Name of Owner of Premises: _____

Address: _____ Telephone: _____

Purpose of proposed excavation: _____

Location (Legal Description or Address) of the premises where the excavation is to be made:

Additional Conditions of the Permit:

1). _____

2). _____

Approved by: _____

*Date of Issuance: _____

Diggers Hotline
Ticket Number: _____

*** This Permit will expire 10 days from the date of issuance**

Township of Medford, Taylor County, WI