

Application to Designate an ATV Route
On the Shawano County Trunk Highway System

ATV Route on CTH: _____

Starting at (be specific): _____

Ending at (be specific): _____

State why the CTH segment described above should be designated as an ATV Route:

Required: Attach statements from landowners denying access for trails if lack of access is a reason for requesting route and minutes from Club / Town approving application request.

Applications Submitted by: _____

Recognized ATV Club / Town Affiliation: _____

Comments/restrictions applying to this application: _____

For Highway Department Use

Approved / Denied by Shawano County Highway Committee:

_____ Dated: _____

Please enclose permit fee of \$100.00 per application (1 application per County Road) payable to Shawano County Treasurer with application. This fee is non-refundable.

<u>Office use only</u>
Payment received: _____
Date _____
Cash _____ Check # _____

ATV Route Landowner Statement Denying Access for Trails

Name of Landowner Denying Request: _____

Property Address (to include Section, Town, and Range)

Description of Location:

Statement / Reason of Denial from Landowners: _____

Signature of Landowner: _____

Contact #: _____

Date: _____