

REQUEST FOR ADDRESS APPLICATION

TOWN OF LA POINTE
MADELINE ISLAND
ZONING ADMINISTRATOR
PO BOX 270; 240 BIG BAY ROAD
LA POINTE, WISCONSIN 54850
715.747.2707 FAX: 715.747.6654

Date: ____/____/____

PROPERTY OWNER INFORMATION:

_____(Name)
_____(Street Address)
_____(City, State, Zip)
_____(Area Code & Phone Number)

SITE LOCATION IN TOWN OF LA POINTE

Parcel # 14 - _____ - _____ Section _____, Town _____ N, R _____ E/W

STREET NAME _____

SUBDIVISION NAME _____ LOT NUMBER _____

The building / driveway is located on the above named public street / highway _____ feet in
an _____ (e.g. North, SW, NE, etc.) direction from neighbor, whose street address is:

_____, _____
Number Road Name

YOUR NEWLY ASSIGNED ADDRESS IS AS FOLLOWS:

_____, _____
Number Road Name

La Pointe, WI 54850
WELCOME TO THE TOWN OF LA POINTE!