

## Project Request Form

Project Request Year _____
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Please complete the columns to the right of the shaded boxes on the top portion of this form. Return the form to: Ashland County Land and Water Conservation Department, 315 Sanborn Ave., Suite 100, Ashland, WI 54806. If you have any questions or require additional information please call 715-682-7187.

<b>Date of Request:</b>	
<b>Name:</b>	
<b>Mailing Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone:</b>	<i>Home:</i>
	<i>Work:</i>
	<i>Cell:</i>
<b>FAX:</b>	
<b>Email Address:</b>	
<b>Project Information</b>	
<b>Township:</b>	
<b>Fire Number:</b>	
<b>Parcel ID Number</b>	
<b>Legal Description:</b>	T_____ N R_____ E/W Sec._____ Q___ Q___
<b>Project Description: (describe the problem and what you feel the solution is)</b>	
↓ ↓ ↓ ↓ <b>FOR OFFICE USE ONLY</b> ↓ ↓ ↓ ↓	
<b>Date Received (Date Stamp):</b>	
<b>Staff Contact/Lead for Project:</b>	
<b>Field Investigation Conducted:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
<b>Eligible for Cost-Share:</b>	<input type="checkbox"/> Yes Program(s):  <input type="checkbox"/> No
<b>ATCP Practice Code(s):</b>	
<b>Maps &amp; Photos Attached:</b>	<input type="checkbox"/> Plat <input type="checkbox"/> Photo <input type="checkbox"/> Soils <input type="checkbox"/> Topo <input type="checkbox"/> Other _____
<b>Ranking Sheet Completed:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Completed: _____
<b>Request Taken By:</b>	