

PETITION FOR ORDINANCE AMENDMENT
BEFORE THE TOWN OF RINGLE BOARD

As authorized by the Town of Ringle Zoning Ordinance

(I)(We): _____
Name

Address _____

Hereby petition to amend ordinance: _____
Ordinance Name

Reference page number, section and sub-section: _____

Current ordinance that change is requested on:

Description of amendment change: _____

Purpose of change:

Benefit to Town of Ringle

Petitioners / Organization Names & Addresses

Petitioner's Signature _____ Phone# _____ Date _____

Date Fee Received: _____ Fee \$200.00 CK# _____ Make check Payable to:
Town of Ringle
223207 Abt Rd.
Ringle, WI 54471

FAILURE OF THE APPLICANT OR AGENT TO APPEAR AT THE HEARING WILL CAUSE THE
COMMITTEE TO DENY THIS APPLICATION.