



Buffalo County Zoning Department

407 S. Second Street ■ PO Box 492 ■ Alma, WI 54610 (608) 685-6218

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www.co.buffalo.wi.us

Town Road Name Approval Form

Contact Name: _____ Date: _____

Mailing Address: _____ City, State, Zip: _____

Phone Number: _____ E-mail: _____

Road Location: _____ 1/4 _____ 1/4 Section _____ Town of: _____

Subdivision Name (If Applicable): _____

List the existing Town road name if this form is being used to replace the name of an existing road:

Existing Road Name: _____

Please print the proposed road name choices in the spaces provided below. List the road names in order of preference. *(Please list at least 2 choices)*

Preference	Proposed Road Name	Road Type (Street, Road, Drive, etc.)	Office Use – Circle One
1 st Choice			Approved / Denied
2 nd Choice			Approved / Denied
3 rd Choice			Approved / Denied

If creating a new road dedication by Subdivision Plat or Certified Survey map, please attach a .pdf of the road alignments identifying the names of the desired locations.

This section must be signed by the town chair of the municipality or authorized supervisor of the municipality.

This is an official Town road and will be maintained by the municipality? Yes No

Signature-Town Chair or Authorized: _____ Date: _____

For assistance contact the Buffalo County Zoning Department

Office Use Only:

Application Approved by: _____ Date: _____

Department: _____