



W2004 County Road S - PO Box 1007 - Freedom, WI 54131
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clerk@townoffreedom.org - www.townoffreedom.org

**Comprehensive Plan Text Amendment Application
(Submit 15 copies)**

Applicant: _____

Address/City/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Applicant Signature: _____ Date: _____

I certify the following information is accurate and true to the best of my knowledge.

Amendment Specifics:

Please describe the proposed text amendment, indicating the exact nature of the change sought. Also, if the proposal is to amend or delete existing text, please reference the Comprehensive Plan Chapter and page number. Use strike through and underline if appropriate. (Use additional pages if needed.)

Please describe why the text amendment is being proposed. (Use additional pages if needed.)

Please feel free to attach (preferably on 8.5"X11" or 11"X17" paper) any additional information that supports your request (maps, additional explanation).

For Town Use Only

Fee: _____	Acct No: _____	Receipt: _____	Date: _____
Date Rec'vd Complete: _____	By: _____	Applic. No.: _____	
Recommendation of the Plan Commission _____			
Resolution # _____	Date of Resolution Adoption _____		
Date of Class 1 Notice _____	Date of Public Hearing _____		
Town Board Action Adopted/Denied (circle action taken)			
Ordinance Number _____			
Ordinance Approved _____	Ordinance Published _____		
Sent to Statutory Distribution List _____			