

Town of Onalaska Ordinance Review Form

Residents Name: _____

Residents Address: _____

Inquiry Date: _____ Phone number: _____

Request Taken By: _____

Additional Information: _____

If more space is needed use back of form

Town Clerk Signature: _____ Date: _____

(Received)

Town Chairman Signature: _____ Date: _____

Resolved

Results:
