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State of Wisconsin Department of Natural Resources dnr.wi.gov

Due Date: July 1

Motorized Recreation Off-Highway Motorcycle Grant Application Form 8700-159M (R 3/20) Page 1 of 3

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Notice:	Completion of the	is form is require	ed under Wisconsi ation found on this	n Statute 23.335. Form is not inten	Failure to com fed to be used	nplete this form wi for any other pure	II result in denia	ม of financial artment of Natural
Resourc	es (DNR) may pr	ovide this inform	nation to requester	s as required by V	Visconsin's Op	en Records law (s	ss. 19.31 — 19.3	9, Wis. Stats.}.
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Resources (DNR) may provide this information to	to requesters as required	by Wisconsin's Open	Records law (ss. 19.31 – 1	19.39, Wis. Stats.}.		
Instructions: Submit one copy of all forms necessary attachments. Send applications to	and attachments. See to your <u>Community Ser</u>	Page 2 for vices Specialist.	DNR U Category	se Only Number		
Section 1: Applicant Information						
Applicant / Organization Name		Check Recipient: Individual other than authorized individual to act				
Village of Tigerton		on behalf of the applicant. Select if the same as applicant.				
Individual Authorized to Act on Behalf of Ap	plicant per Resolution	Check Recipient	Name (Name to Appear	on Check)		
Megan Smith						
Title		Title				
Park Admin						
Address		Address				
PO Box 147	~ ~~					
City	State ZIP Code	City		State ZIP Code		
Tigerton	WI 54486					
Telephone Number	Email Address					
715-881-1135	tigertonohvpark@gr	mail.com				
Section 2: Project Information Require	l for all Projects					
Project Title			9			
Trail Maintenance Agreement						
	p Range OE Section	on 1/4 1/4 1/4	GPS Coordinates: Lat. N44 40'.17' W	/ 89 02' 22.27'		
Shawano 26	N 12 OW 10	SWMNW	Long.	00 02 22.27		
Project Description Summary						
We are submitting this to request to entshared used ATV trail and 9.2 miles of	ter into annual mainte OHM trail. The OH	enance agreement M trail goes onto	using OHM program the ATV trail at point	funds for 8.1 miles of s. \$53/mile for OHM		
trail. \$50/mile for shared use ATV trail	S.					
				•		
				W		
. *						
Estimated Cost						
Development	Trail Rehab.		Total Estimated Cos	t		
Applicant Certification						
Printed Name of Authorized Official	A Company of the Comp	Official's Title				
Megan Smith		Park Admin				
As the applicant's authorized official, I certif	y that, to the best of my	knowledge, the info	ormation in this application	on is true and correct.		



