Town of Stettin
141678 Stettin Dr
Wausau WI 54401

Town Right of Way Project Form

Type of Project _____

Company Name_____

Address_____

Phone Number _____

Email Address_____

Project Manager _____

Phone Number _____

Email Address _____

On site Supervisor _____

Phone Number _____

Approximate Dates of Project _____

Location of Project _____

_____

_____

_____

_____

Completed by_____

*Return to Town of Stettin Clerk at townofstettin.wi@gmail.com