

04/02/2013

Town of New Glarus
Plan Administrator
1101 Hwy 69, PO Box 448
New Glarus, WI 53574-0448

Dear Plan Administrator,

It is my/our intention to divide the following parcel located at (Road names and Section #s)

CSM # (if applicable)

Tax ID #(s)

Brief description of objectives:

My representative, _____, is authorized to communicate with you, to deliver and accept documents from you. My representative's phone number(s) is/are _____ and email address is: _____.

Sincerely,

Signature
Typed Name
Phone # 1, phone #2 (if applicable)
Email address (if applicable)