

Sauk County Wisconsin
APPLICATION TO ESTABLISH ATV/UTV ROUTE(S) ON COUNTY HIGHWAY(S)

APPLICANT INFORMATION

Name: _____

Submitted By: _____

Phone: _____

Email: _____

Address: _____

ORGANIZATION INFORMATION

Organization Name: _____

Officers (Name and Contact Information):

President: _____

Secretary: _____

Treasurer: _____

Trail Boss: _____

Number of Members: _____

Date Organization Established: _____

COUNTY HIGHWAYS REQUESTED TO BE DESIGNATED ATV/UTV ROUTES

Highway: _____

Town: _____

Limits: _____

Need for ATV/UTV Route: _____

ATV/UTV ROUTE SIGNS AND ROADWAY APPROACHES

ATV/UTV Route signs will be installed and maintained by _____

Signs will comply with Wisconsin Administrative Code Chapter 64.

Primary Contacts for maintenance of signs and roadway approach are:

1. _____

2. _____

Applicants agree to full compliance of Sauk County Code of Ordinances - Chapter 15

Submitted By: _____

Date: _____

The application must include the following:

- 1. A map showing portion of the highway where the route is being requested.**
- 2. A map showing the trails which lead up to the proposed roadway route.**
- 3. A statement that the applicant has a lease or some other permission from landowners to use the trails shown on the map.**

Approved By: _____

Date: _____

Sauk County Highway Commissioner