

Village of Rosholt
Public Request
for Consideration Form:

Date: _____

Name: _____

Phone #: _____

Property address: _____, Rosholt WI

Mailing address: _____, Rosholt WI 54473

Concern:

X _____

Signature

For Office Use only

Date: _____ Forwarded to: _____ Signature _____

Date: _____ Reply and/ or Remedy: _____

X _____

Signature

Date returned to Village Office: _____