

**TOWN OF DEKORRA**  
**REQUEST FOR REVIEW OF CERTIFIED SURVEY MAP (CSM)**

*This form to be completed by property owner or surveyor and returned with CSM (Please provide 16 copies and a digital copy, digital copy may be emailed) to:*

*Town of Dekorra, W8460 Bilkie Rd., Poynette, WI 53955, Attn: Town Clerk  
dekorra@centurytel.net*

Property Owner(s) Name(s): (1) \_\_\_\_\_

(2) \_\_\_\_\_

Property Owner(s) Address (s):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Property Owner(s) Phone(s) (1) \_\_\_\_\_

(2) \_\_\_\_\_

Property Location: Section \_\_\_\_\_, Town \_\_\_\_\_, Range \_\_\_\_\_,

Parcel # \_\_\_\_\_

Current Zoning of Property: \_\_\_\_\_ Acres: \_\_\_\_\_

Reason for preparation of CSM:

\_\_\_\_\_  
\_\_\_\_\_

CSM prepared by:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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Date CSM received: \_\_\_\_\_

Paid: \_\_\_\_\_

Date of Public Hearing (if applicable): \_\_\_\_\_

Date(s) on Plan Commission agenda:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Date(s) on Town Board agenda:

(1) \_\_\_\_\_

(2) \_\_\_\_\_