

**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, PO Box 536, Poynette, WI 53955, Attn: Town Clerk*  
[townofdekorra@gmail.com](mailto:townofdekorra@gmail.com)

**Physical address: Poynette Municipal Building-106 S. Main St., Poynette, WI**

**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) \_\_\_\_\_