



# MARQUETTE COUNTY

## ATV/UTV ROUTE APPLICATION



Marquette County Highway Department  
PO Box 398  
Montello, WI 53949  
608-297-3071

[btrebiatowski@marquettecountywi.gov](mailto:btrebiatowski@marquettecountywi.gov)

### Section 1 (Applicant/Organization Information)

Application Submitted By:    Individual        Organization        Municipality        Other \_\_\_\_\_  
Name: \_\_\_\_\_ Organization \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Section 2 (Request Details)

Type of Request:    On Road Route        Road Crossing        Other \_\_\_\_\_  
County Trunk Highway involved: \_\_\_\_\_  
Municipality: \_\_\_\_\_ Township Approved: YES        NO  
Proposed Trail Segment Length \_\_\_\_\_ Miles  
Proposed Starting Point: \_\_\_\_\_  
Proposed Ending Point: \_\_\_\_\_

### **Please provide the following at the time of application submission:**

Map of Trails Leading up to the Proposed Route

Approval from County Law Enforcement

Approval from County Traffic Safety Committee

If local roads are on the proposed route provide the resolution starting the municipalities approval

Statement explaining why the application should be approved and if efforts to find alternative routes were made

If applying on behalf of an organization or municipality provide a list of officers along with contact information

*I the applicant do hereby certify that I have requested this ATV/UTV route and that I have read, understand, and agree to abide by the applicable provisions and restrictions set forth on this permit and there applicable statutes and ordinance codes listed above. I will comply with all terms and conditions.*

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_