



W2004 County Road S - PO Box 1007 - Freedom, WI 54131  
920-788-4548 phone - 920-788-7550 fax  
[deputyclerk@townoffreedom.org](mailto:deputyclerk@townoffreedom.org) - [www.townoffreedom.org](http://www.townoffreedom.org)

**Comprehensive Plan Text Amendment Application  
(Submit 15 copies)**

**Applicant:** \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I certify the following information is accurate and true to the best of my knowledge.*

**Amendment Specifics:**

Please describe the proposed text amendment, indicating the exact nature of the change sought. Also, if the proposal is to amend or delete existing text, please reference the Comprehensive Plan Chapter and page number. Use strike through and underline if appropriate. (Use additional pages if needed.)

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

Please describe why the text amendment is being proposed. (Use additional pages if needed.)

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

***Please feel free to attach (preferably on 8.5"X11" or 11"X17" paper) any additional information that supports your request (maps, additional explanation).***

**For Town Use Only**

Fee: \_\_\_\_\_ Acct No: \_\_\_\_\_ Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

Date Rec'vd Complete: \_\_\_\_\_ By: \_\_\_\_\_ Applic. No.: \_\_\_\_\_

Recommendation of the Plan Commission \_\_\_\_\_

Resolution # \_\_\_\_\_ Date of Resolution Adoption \_\_\_\_\_

Date of Class 1 Notice \_\_\_\_\_ Date of Public Hearing \_\_\_\_\_

Town Board Action Adopted/Denied (circle action taken)

Ordinance Number \_\_\_\_\_

Ordinance Approved \_\_\_\_\_ Ordinance Published \_\_\_\_\_

Sent to Statutory Distribution List \_\_\_\_\_