

TOWN OF CHILTON, CALUMET COUNTY
2019-1 MANURE TRANSFER EQUIPMENT ORDINANCE
ANNUAL PERMIT APPLICATION

Date: _____ Calendar Year: _____

Farm Name: _____

Address: _____

Contact Name: _____

Phone Number: _____

Custom Manure Hauler: Contact Name: _____

Phone Number(s): _____

Please make checks payable to: Town of Chilton

Proof of Insurance and this form along with the fee of \$100 should be mailed to: Town Clerk, N4695
County RD BB, Chilton WI 53014

Questions or concerns please contact: Jeff Schwarz (920)-418-1368 or jeffschwarz8@gmail.com