Access Permit Inquiry/Request

Send completed form to: WisDOT – DTSD – NW Region Attn: Jeff Emerson 718 W. Clairemont Avenue Eau Claire, WI 53701

Requestor (name):	Date:
Phone #:	County:
Mailing Address: (Street, City, State ZIP):	Property Address: (Street, City, State, Zip)
Email Address:	Parcel #:
State or Federal Highway:	Response date:

Requestor's Interest in		
Parcel:	· · · · · · · · · · · · · · · · · · ·	
Access Controls		
involved:	□ 86.07 permitting □ 84.295	Deed Restriction/Covenants
Request:	Request and Constraints	
	WISDOT Standards for Location	
	Recommendation	







