

Notice: Completion and submission of this form is mandatory pursuant to Chapters 23, 30 and 350, Wis. Stats., in order to be eligible for inclusion in the state aids program. Personally identifiable information will be used to administer the program and for law enforcement purposes. Information will be made available to requesters as required by Wisconsin Open Records law [s. 19.31-19.39, Wis Stats.]

The County of _____ OR

The City Town Village Inland lake protection and rehabilitation district Lake sanitary district

Group of municipalities (list all municipalities in group) of _____

in _____ County intends to operate a:

(Check appropriate box)

- Municipal water safety patrol, pursuant to s. 30.79(5), Wis. Stats., and s. NR 50.13, Wis. Admin. Code**
On or before March 1 of each year the municipality shall file this form with the Department in order to be eligible for reimbursement of expenses incurred in that calendar year.
- County snowmobile patrol, pursuant to s. 350.12(4), Wis. Stats., and s. NR 50.12, Wis. Admin. Code**
On or before June 1 of each year the county shall file this form with the Department in order to be eligible for reimbursement of patrol expenses incurred between May 1 and the following April 30.
- County all-terrain vehicle patrol, pursuant to s. 23.33(9), Wis. Stats., and s. NR 64.15, Wis. Admin. Code**
On or before June 1 of each year the county shall file this form with the Department in order to be eligible for reimbursement of patrol expenses incurred between May 1 and the following April 30.

Training notices, supplies and Application for Aid forms will be sent out by the Department at the appropriate times throughout the year.

Patrol Contact--Person to be contacted on matters pertaining to operation of the patrol.	
Name	Title/Position with Municipality
Address	
City, State, ZIP	Telephone Number
E-mail Address	FAX Number

**Return this form to: Attn: Patrols
DNR-LE/5
PO Box 7921
Madison WI 53707-7921**