State of Wisconsin Department of Natural Resources		Annual Admission Sticker Repla	acement Application
PO Box 7921, Madison WI 53707-7	921	Form 9400-188 (R 6/10)	
dnr.wi.gov Name		Notice: Use of this form is required by the Department for any application filed pursuant to s. 27.01, Wis. Stats. The Department will not consider your application unless you complete and submit this form. Personally identifiable information collected will be used for program administration and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].	
Street or Route		City	State ZIP Code
I certify that I purchased an ann	ual admission sticker for the year	20 bearing number	, for vehicle
Make	Model	Color License Number	
I request the Department to replace the sticker at no cost to me because: Droken windshield; Dimproperly attached;			
issued wrong type;	purchased new vehicle; or	Other	
		speci	fy
Signature of Applicant		Date Signed	
		must be attached to this form as proof o orm to park or forest staff for replacemen	
Leave Blank – For Department of Natural Resources Use Only			
Old Sticker Number	New Sticker Number		
		Sufficient proof of this claim was presented by the applicant who has been issued a replacement annual admission sticker.	
Type: 🔲 Resident Annual	Type: Resident Annual	been issued a replacement annual admission	
Nonresident Annual	Nonresident Annual		
Trail Pass	Trail Pass	Amount charged \$	No charge
Reduced Rate	Reduced Rate		
Patron	Patron	Signature of Property Superintendent (or designee)	Date Signed
Other	Other		