

State of Wisconsin
 Department of Natural Resources
 PO Box 7921, Madison WI 53707-7921
 dnr.wi.gov

Annual Admission Sticker Replacement Application

Form 9400-188 (R 6/10)

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.].

Name			
Street or Route	City	State	ZIP Code

I certify that I purchased an annual 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: broken windshield; improperly attached;
 issued wrong type; purchased new vehicle; or Other _____
specify

 Signature of Applicant _____
Date Signed

**Remnants of your old sticker or trail pass must be attached to this form as proof of purchase.
 Please present the completed form to park or forest staff for replacement.**

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. <input type="checkbox"/> Amount charged \$ _____ <input type="checkbox"/> No charge	
Type: <input type="checkbox"/> Resident Annual <input type="checkbox"/> Nonresident Annual <input type="checkbox"/> Trail Pass <input type="checkbox"/> Reduced Rate <input type="checkbox"/> Patron <input type="checkbox"/> Other _____	Type: <input type="checkbox"/> Resident Annual <input type="checkbox"/> Nonresident Annual <input type="checkbox"/> Trail Pass <input type="checkbox"/> Reduced Rate <input type="checkbox"/> Patron <input type="checkbox"/> Other _____	Signature of Property Superintendent (or designee)	Date Signed