

## APPENDIX C-1

September 2, 2015

Town of New Glarus  
% Plan Administrator  
1101 Hwy 69, PO Box 448  
New Glarus, WI 53574-0448

Dear Plan Administrator,

It is my/our intention to divide the following parcel located at (Road names and Section #s)

CSM # (if applicable)

Tax ID #(s)

Brief description of objectives:

My representative, \_\_\_\_\_, is authorized to communicate with you, to deliver and accept documents from you. My representative's phone number(s) is/are \_\_\_\_\_ and email address is: \_\_\_\_\_.

Sincerely,

Signature  
Typed Name  
Phone # 1, phone #2 (if applicable)  
Email address (if applicable)