

Twin Lakes Protection and Rehabilitation District Resident Comment Form

Please return form and information to 105 E Main Street, Twin Lakes, WI 53181 or email to lakedistrict@twinlakeswi.net

1) CONTACT INFORMATION: ___ Resident or ___ Owners name: _____

Twin Lakes address: _____

Home address: _____

Email: _____

Preferred: ___ Home Phone: _____ or ___ Cell Phone: _____

2) ISSUE: Please Describe the issue(s), include date issue occurred:

3) DOCUMENTATION OR EVIDENCE: Please attach photos of issue. Mark the front and/or back of each photo with your Name, Twin Lakes address and date the issue occurred. Photos will not be returned.

THANK YOU FOR YOUR INPUT: The Lake Protection & Rehabilitation District will respond and may request additional information.

Signature of owner and date submitted to the Lake District:

_____ DATE: _____

Is this the first time you reported this issue? ___ YES; ___ NO If no, please give prior date(s): _____