

# La Crosse County Highway Department ATV/UTV Route Application

**Section 1      To be completed by Applicant**

Name of Municipality or Sponsoring Entity: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Representative: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 \_\_\_\_\_

**(Note: Only La Crosse County Towns, Municipalities, and ATV/UTV Clubs located in La Crosse County are eligible to apply for Routes)**

Identification of Route Being Requested:

	Route 1	Route 2	Route 3
County Road:			
From:			
To:			
Total Miles:			
Located in what Town?			

(Attach a map that shows the location of the proposed route(s))

Please describe how this, or these, proposed route(s) will connect to existing routes. You must also show a logical destination, ending, and where connections to existing routes are on the attached map.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What amenities along the proposed route(s) would benefit both riders and businesses? (Please list the businesses that would be affected)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your organization accept responsibility for the initial cost of signage?      yes      no  
**If no, the application will not proceed.**

Does your organization accept responsibility for any additional public notifications that may be required?  
 yes      no

**Section 2**

**To be completed by the La Crosse County Highway Department**

Route	Paser Rating	Speed Limit	Pop. Dens.	ADT	Terrain
1					
2					
3					

How many accidents have occurred or been reported on these proposed routes in the past 5 years?

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Will the terrain impact the ability of vehicles to see each other and are there appropriate passing lanes?

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If the population density or ADT on any parts of these routes exceeds the limit, have those residents along the routes been notified? How many have expressed concerns?

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Note: the Town/Municipality and the Highway Department will post any information regarding proposed routes on their web sites in order to keep residents informed.

Reviews/Approvals:

Municipalities Affected:

Approved on:

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Affected County Board Supervisors:

Reviewed on:

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Local Town/Municipality Law Enforcement:

Reviewed by/on:

Comments/Concerns/Questions:

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La Crosse County Sheriffs Department:

Reviewed by/on (date):

Comments/Concerns/Questions:

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**Section 3**

**La Crosse County Public Works and Infrastructure Committee**

Date to be Reviewed: \_\_\_\_\_

Comments/Additional Information Requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved on: \_\_\_\_\_

Vote      For                      Against              Abstain      Excused      Absent

Not Approved: \_\_\_\_\_