

TOWN OF
ST. JOSEPH
ST. CROIX COUNTY, WISCONSIN

1337 County Road V
Hudson, WI 54016
715/549-6235
FAX 715/549-6249
clerk@townofstjoseph.com

CULVERT ORDER FORM

Order Date: _____
Name: _____
Billing Address: _____
City _____ State _____ Zip _____
Phone: _____
Email: _____

CIRCLE ONE: DELIVERY OR PICKUP

Delivery Address: _____
City _____ State _____ Zip _____
Requested Delivery Date _____ (depends on County availability)

SPECIFICATIONS:

Type: Galvanized ONLY

Endwalls: 2 required (one for each end)

Width _____ (as discussed with Deputy Zoning Administrator)

Length _____ (width of driveway)

OFFICE USE ONLY

Date received by Clerk's Office: _____
Check Amount: _____ Check#: _____
Date ordered with St Croix County: _____
Expected Delivery Date: _____