

DELAVAN LAKE SANITARY DISTRICT

Request to Cap a Sanitary Sewer Service Lateral (Administration Fee - \$75.00)

The undersigned hereby requests authorization to cap a sanitary sewer service lateral as hereinafter set forth, and agrees that they will be bound by and subject to all specifications, rules and regulations prescribed by the Delavan Lake Sanitary District and the State of Wisconsin.

Tax Key Number: _____

Anticipated Capping Date: _____

Property Description

Subdivision: _____ **Block No.:** _____ **Lot No.:** _____

Property Address: _____

Type of Use: Residential _____ Commercial _____ Institutional _____

Property Owner Information

Name: _____

Mailing Address: _____

City, State & Zip Code: _____

Telephone Number: _____

Plumber Information

The State of Wisconsin Plumbing Code requires that the capping of a sanitary sewer service lateral be done under the supervision of a plumber licensed by the State of Wisconsin. Information on the plumber is as follows:

Plumbing Firm: _____

Plumber: _____ **License No.:** _____

Mailing Address: _____

City, State & Zip Code: _____

Telephone Number: _____

Insurance Company: _____

Property Owner or Plumber

Date