

DELAVAN LAKE SANITARY DISTRICT

Application for Sanitary Sewer Reconnection

The following information, along with payment in full of all reconnection fees and administration fees, is needed before a sanitary sewer reconnection can occur:

Tax Key Number: _____

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 sanitary sewer connection is controlled by the State of Wisconsin Plumbing Code and the District rules and regulations. The Plumbing Code requires that the reconnection be done under the supervision of a plumber licensed by the State of Wisconsin.

Plumbing Firm: _____

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

Mailing Address: _____

City, State & Zip Code: _____

Telephone Number: _____

Insurance Company: _____

The sewer service charge will be billed, on a bi-monthly basis, beginning the month following the reconnection. All bills will be mailed to the owner's name and address shown above, unless other written instructions are received by the District.

I hereby certify the above information is true and correct and apply for a Sanitary Sewer Installation Permit for the property referenced above.

Property Owner or Licensed Plumber

Date