

# Compliance Statement

Water Supply Cross Connection

## Instructions:

As required by Municipal Code Sec. 20-41, please submit this completed and signed form to:



customer.service@appleton.org

## General Information

### Building Information

Parcel ID/Tax Key OR File NO:	Name of Occupant
Address	
Occupancy Type or Use	Business Name

### Property Owner

### Licensed Master Plumber

Name	Name of Licensed Plumber	License No.
Phone number	Company Name	
Number & Street	Number & Street	
City, State, Zip	City State Zip	

Number of corrections made: \_\_\_\_\_

---

---

---

---

---

---

---

Details of any violations found: \_\_\_\_\_

---

**Statement of Compliance:** To the best of my knowledge, belief, and based on onsite observation, subject building meets all requirements of the State of Wisconsin Plumbing Code as relates to cross-connections.

\_\_\_\_\_/\_\_\_\_\_  
Licensed Master Plumber (sign here)      Date      Owner or Facility Manager      Date