

	POWTS MAINTENANCE AFFIDAVIT
Document Number	Document Title

LEGAL DESCRIPTION:

I, _____ THE UNDERSIGNED, DECLARE THAT I AM AWARE THAT MAINTENANCE REQUIREMENTS FOR THE ON-SITE WASTE DISPOSAL SYSTEM LOCATED ON THE SAID PROPERTY REQUIRES SERVICING OR INSPECTION AT AN INTERVAL OF 12 MONTHS OR LESS. SPS 383.21(2)(c)5.

THIS AFFIDAVIT SHALL BE BINDING UPON THE OWNER, THEIR HEIRS AND ASSIGNEES AND RUN WITH THE DEED AS LONG AS TH MAINTENANCE REQUIREMENTS ARE IN EFFECT.

Recording Area
Name and Return Address:
Parcel Identification Number (PIN):

DATED: _____

SIGNED: _____

PRINT NAME: _____

STATE OF WISCONSIN

PERSONALLY CAME BEFORE ME THIS _____ DAY OF _____, 20_____, THE ABOVE

NAMED _____,

TO ME KNOWN TO BE THE PERSON WHO EXECUTED THE FOREGOING INSTRUMENT

AND ACKNOWLEDGED THE SAME.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

This document was drafted by the La Crosse County Environmental Health Department