Menasha Utilities
Commercial and Industrial Customer Compliance Statement

Instructions: As required by Wisconsin Administrative Code, NR 811.09, please submit this **completed** form to: Menasha Utilities Water Department, P.O. Box 340, Menasha, WI 54952.

Building Information	
Service Address:	Service Account #:
Occupancy Type or Use	Company Name

Owner	**Plumber**	
Name	Name of Licensed Plumber	**License No.**
Company Name	Company Name	
Number & Street	Number & Street	
City State Zip	City State Zip	
Phone Number	Phone Number	

2. Plumber's Statement: (Check Box A, B, or C to indicate your findings continue on back side of sheet if necessary.)

A. □ **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.

B. □ **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 only after the following corrections **were** made **(Only mark this section if you already made the upgrades. If not, mark letter C)**:

C. □ **Statement of Noncompliance:** due to the following conditions subject building does not comply with all requirements of the State Plumbing Code as relates to cross-connections. (Please be specific).

NOTE: IF NONCOMPLIANT, PLEASE CONTACT THE MENASHA WATER PLANT AT 967-5197 IMMEDIATELY FOR FURTHER INSTRUCTIONS.

Licensed Plumber's Signature Date	Owner/Facility Manager Signature Date