

POWTS MAINTENANCE
AFFIDAVIT

Document Number

Document Title

LEGAL DESCRIPTION

Recording Area

Name and Return Address

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. COMM 83.21(2)(c)5.

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

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 _____