

POWTS SERVICING CONTRACT

This contract is made between the POWTS Owner(s) and POWTS Maintainer

POWTS Owner(s) Name(s)

Maintainer's Name

We acknowledge the installation of an aerobic treatment or pretreatment unit on the following property:

Computer Parcel Number:

Provide Legal Description:

- 1. Owner agrees to file a copy of this contract with Vilas County.
- 2. Owner agrees to have the aerobic treatment or pretreatment unit serviced by the maintainer and guarantees to permit the maintainer to have access and to enter upon the property for the purpose of servicing the POWTS. The owner agrees to maintain access so the maintainer can provide the necessary service. Owner further agrees to pay the maintainer for all charges incurred in servicing the POWTS as mutually agreed upon by the owner and maintainer.
- 3. Maintainer agrees to submit reports for the servicing of the POWTS to Vilas County, as required by SPS 383.55, Wis. Admin. Code. Maintainer further agrees to include the following in these reports:
 - a. Name, address and registration number of the person servicing the POWTS;
 - b. Name of the owner of the POWTS;
 - c. Location of the property on which the POWTS is installed;
 - d. Sanitary permit number issued for the POWTS;
 - e. Dates on which the POWTS was serviced;
- 4. This agreement will remain in effect until the owner or maintainer terminates this contract. In the event of a change in this contract, owner agrees to file a copy of any changes to this service contract or a copy of a new service contract with Vilas County within ten (10) business days from the date of change to this service contract.

Owner(s) Name(s) – Print

Owner's Signature(s)

STATE OF WISCONSIN)

)ss.

VILAS COUNTY)

Personally came before me this ____ day of _____, 2____ the above named _____ known to me to be the person who executed the foregoing instrument and acknowledged the same.

Notary Public

Vilas County, State of Wisconsin

Commission expires: _____

Maintainer's Name – Print

POWTS Maintainer #

Maintainer's Signature

STATE OF WISCONSIN)

)ss.

VILAS COUNTY)

Personally came before me this ____ day of _____, 2____ the above named _____ known to me to be the person who executed the foregoing instrument and acknowledged the same.

Notary Public

Vilas County, State of Wisconsin

Commission expires: _____

Contract Date: _____

Drafted by: _____