Department of Safety Professional Servio Management Services I	ces		vernmental Unit oplication	Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program
Governmental Unit:				FOR DSPS USE ONLY
Authorized Representative's Name and Title:				
Mailing Address:				Telephone Number:
City, State, Zip Code:				Fax Number:
E-mail Address:				Is this a new address, telephone number, fax number, or e-mail address? Yes No
Number of Category 1 Applications Submitted:	Amount Req Category 1 A	uested for pplications Submitted:	Number of Category 2 Applications Submitted:	Amount Requested for Category 2 Applications Submitted:
Total Number of Applications Submitted:	Total Amoun Applications	t Requested for All Submitted:	How many of the applications are for a small commercial establishment?	Total Amount Request for Small Commercial Establishment Applications submitted:

The Governmental Unit Application and Eligible Applicant List are the two cover sheets that should be submitted with each batch of applications sent to the Department of Safety and Professional Services.

Each owner's application packet submitted to the Department of Safety and Professional Services must include a copy of the Owner's Application, Grant Worksheet, Sanitary Permit Application and approved plot plan.

Final inspection report forms can be sent with the owners application packets if the system has been installed or can be sent later with the grant payment request.

To the best of my knowledge and belief, this application and all attachments are true and correct under Chapter SPS 387, Wisconsin Administrative Code, and Section 145.245, Wisconsin Statutes.

Signature of Authorized Representative:	Date Signed: