COUNTY OF KENOSHA

Division of Planning & Development

Andy M. Buehler, Director
Division of Planning & Development
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SERVICE AND REPLACEMENT DEVICE REPORT FORM

Sanitary Permit #:

Tax Parcel #:

Existing treatment device type (e.g. UV light):

New Supplemental Treatment Device Manufacturer

Name:_____
Contact Phone Number:_____
Website address:_____

Device Model or Catalog Number:_____
Device Brand Name:_____
Manufacturer's Specified Rated Effective Life (hrs.):_____
Replacement Product Installation Date:_____

Service Provider's Name:_____
Service Provider's Company Name:_____
Service Provider's Phone Number:_____

Notes & Comments:

_____
_____
_____
_____
_____
_____

Please attach manufacturer's support documents and materials for the newly installed replacement device to this report form. These documents are required for submittal with this report form for the County to confirm and record the next product service interval date.