



Approved by:\_\_\_\_\_ Date:\_\_\_\_\_

**Sauk County**  
**Emergency Treatment Tank Replacement Agreement**

**Property Owner**\_\_\_\_\_

**Mailing Address**\_\_\_\_\_

**City, State, Zip**\_\_\_\_\_

**Property Address (if different from mailing)**\_\_\_\_\_

**Property Legal Desc:**\_\_\_\_\_1/4, \_\_\_\_\_1/4, Sec.\_\_\_\_\_, T\_\_\_\_\_N, R\_\_\_\_\_E

**Town of** \_\_\_\_\_, **Sauk County, Wisconsin.**

I, \_\_\_\_\_, the undersigned owner of the property described above acknowledge that I am receiving an emergency sanitary permit to install a replacement treatment tank without a soil and state county plan evaluation as required by State and Sauk County Code, due to a health emergency.

Further, I acknowledge that within 30 days, all necessary permits will be applied for, completed and approved by the Sauk County Planning & Zoning Office.

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*Property Owner Signature*

\_\_\_\_\_  
*Date*

STATE OF WISCONSIN)  
  )ss  
COUNTY OF SAUK        )

Subscribed and sworn to before me this\_\_\_\_\_day of\_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_, to me known to be the person who subscribed his name hereto.

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Notary Public  
My commission (is) (expires)\_\_\_\_\_

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