



Village of Denmark, Wisconsin

VILLAGE OF DENMARK
P O Box 310
100 N WALL STREET
DENMARK, WI 54208
(920) 863-6400 /FAX (920) 863-5169

Village Permit # _____

**FIVE-YEAR WARRANTY AGREEMENT
(For Utility Permits)**

RECIPIENT'S INFORMATION

SEND TO: VILLAGE OF DENMARK
P O Box 310
Denmark, WI 54208

E-mail: erika@vi.denmark.wi.gov
Phone: (920) 863-6400
FAX: (920) 863-5169

UTILITY OWNER'S INFORMATION

Owner's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

Emergency Contact Number: _____

Contact Person: _____ Phone: _____

CONTRACTOR PERFORMING WORK

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

Emergency Contact Number: _____

Contact Person: _____ Phone: _____

INFORMATION OF WORK TYPE AND LOCATION

Street Address / Location Description: _____

Work Order / Job Number: _____

Project Description (Include Depth, Width, and Length): _____

SIGNATURES

As the authorized representative of the above listed company, I hereby agree to accept the financial responsibility for the maintenance of the designated utility work associated with the project (utility work, roadway, sidewalk, curb) on or along the above mentioned Municipal road, for the period of five (5) years, from the restoration/final acceptance date of the project completion certificate. Lawn restoration and landscaping shall be a two (2) year warranty. The warranty begins on the date of the acceptance by the Municipality. In an emergency situation, if the Municipality notifies you of a maintenance problem, and it is not resolved in a timely manner, the Municipality will perform the maintenance on the project and all costs would then be billed to the owner of the facilities.

Signature of Authorized Owners Representative: _____ **Date:** _____

Printed Name: _____ **Title:** _____

**FOR VILLAGE OFFICE USE ONLY
NOTIFICATION OF RECEIPT**

Printed Name: _____ **Title:** _____



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**COMPLETION CERTIFICATE
(For Utility Permits)**

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FAX: (920) 863-5169

OWNER'S INFORMATION

Owner's Name:

Address:

City:

State:

ZIP:

Phone:

FAX:

E-mail:

Contact Person:

Phone:

INFORMATION OF WHERE WORK WAS PERFORMED

Street Address / Location Description:

Project Description (Describe Depth, Width, and Length):

SIGNATURES

The work requested under the above mentioned utility permit has been completed. The Village of Denmark can now review the project to insure proper restoration to the affected Municipal right-of-way has been made.

Signature of

Authorized Representative:

Date:

Printed Name:

Title:

FOR OFFICE USE ONLY

UTILITY PROJECT FIELD INSPECTED BY:

**Signature of Municipal
Representative:**

Date:

Printed Name:

Title: