

**TOWN OF LEDGEVIEW
PUBLIC WORKS DEPARTMENT**

Permit # _____

Project # _____

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

TO: Town of Ledgeview
Attn: Building Inspector
3700 Dickinson Road
De Pere WI 54115
Phone #: 920-336-3360
Fax #: 920-336-8517

FROM:

Name: _____
Address: _____

Contact: _____
Phone #: _____
Fax #: _____

**SUBCONTRACTOR
PERFORMING WORK:**

Name: _____
Address _____

Foreman: _____
Mobile #: _____
Pager #: _____

Location of Nearest Intersection: _____

Project Description (include depth, width and length): _____

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 on or along the above-mentioned Town road, for the period of five (5) years, from the restoration/final acceptance date of the project.

In emergency situation, or if the Town of Ledgeview notifies you of a maintenance problem, and it is not resolved in a timely manner, the Town of Ledgeview will perform the maintenance on the project and all costs would then be billed to the responsible party(ies).

I hereby accept the terms and conditions of this agreement:

Signature of Authorized Utility Representative

Date

Printed Name

Title