

**AFFIDAVIT**

State of Wisconsin )  
 )ss  
County of \_\_\_\_\_ )

(I am, We are) the owner(s) of the residence or small commercial establishment for which a

Wisconsin Fund - Private Onsite Wastewater Treatment System Replacement or Rehabilitation grant

is requested and (I, we) occupy the residence or small commercial establishment located at

\_\_\_\_\_ at least 51% of the time each year as follows:  
(property address)

Continuously from \_\_\_\_\_ to \_\_\_\_\_  
(month, day, year) (month, day, year)

\_\_\_\_\_  
Signature of Owner

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Wisconsin

My Commission Expires \_\_\_\_\_

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].