

Clark County Camping Unit Transfer Container Servicing Contract

(To be submitted with the County Sanitary Permit application)

Department of Planning,
Zoning, and Land
Information
Room 204
517 Court Street
Neillsville, WI 54456
Ph: 715-743-5130

This contract is made between the

Camping Unit Transfer Container Owner(s) Name

and

Licensed Pumper Name

Contract Date:

Parcel ID Number:

We acknowledge the installation of a camping unit transfer container on the following property (provide legal description) _____

- The owner agrees to file a copy of this contract with the Clark County Planning and Zoning Department as required in s. 20-200 (b), Clark County Ordinance and with the local government unit (township).
- The owner agrees to have the camping unit transfer container serviced by the pumper and guarantees the pumper to have access to enter upon the property for the purpose of servicing the tank(s).
- The owner agrees to provide a service road or drive to within 25 feet of the tank(s).
- The owner agrees to pay the pumper for all charges incurred in servicing the tank(s) as mutually agreed upon by the owner and the pumper.
- The owner or their agent agrees to submit a report on servicing the tank to the Clark County Planning and Zoning Department within the allotted time period per SPS 383.55, Wisconsin Administrative Code. The following shall be in the report:
 - Name and address of the individual servicing the tank(s)
 - Name of the owner of the tank
 - Location of the property on which the tank(s) is located
 - Tax parcel ID number
 - Sanitary permit number issued for the tank
 - Service date
 - Volume of pumped contents for each service call
 - Disposal area to which contents were delivered.
- This agreement will remain in effect until the owner or pumper terminates this contract. In the event of any changes the owner agrees to file a copy of any changes to this service contract with the Clark County Planning and Zoning Department within 10 business days of the date of the changes.

_____	_____	_____
Name of owner	Signature of owner	Date
_____	_____	_____
Name of pumper	Signature of pumper	Date

State of Wisconsin)
) SS.
Clark County)

Subscribed and sworn to before me on this date: _____

Notary Signature _____

Notary Name (Print) _____ Notary Public

_____ County, Wisconsin

My commission expires _____