

333 South Washington Street, PO Box 526 Redwood Falls, MN 56283-0526 Phone: 507-616-7400

jdoering@ci.redwood-falls.mn.us

AFFIDAVIT OF SUMP PUMP/SEWER INSPECTION

Time of Inspection:
w preventer)
seasonal permit)
de a backflow preventer)
I. Please provide via email or by USB flash drive. manent discharge to the exterior of the building ge to the permanent exterior. ect water to the exterior and winter months.
red. Please provide via email or by USB flash drive. Connections) ernco Connections)

Continue to the next page

Company Name	License Number	
Company Name	License Number	
Company Mailing Address, City State, and ZIP		
Company Phone	Company Email	
Name of Individual		
Signature	Date	
Property Owner's Certification (please print):		
, , ,	onsibility to have the appropriate corrections completed and (this form) completed by a licensed plumber and submitted	
Property Owner's Signature	Date	
By checking this box, I agree to receive email n the City of Redwood Falls at the email address	notifications for the sump pump/sanitary sewer inspections f s provided on this form.	rom

Licensed Plumber's Certification (please print):

Email address