



Fox Crossing Utilities

CROSS CONNECTION FORM

Per Municipal Code Chapter 325-33, Wisconsin Admin. Code NR 810.15,
Wisconsin Admin. Code SPS 382.41

**SUBMIT COMPLETED FORMS VIA ONE
OF THE FOLLOWING:**

Email: FCUtilities@foxcrossingwi.gov

Mail: Fox Crossing Utilities
2340 American Drive
Neenah, WI 54956

PROPERTY INFORMATION*

Business Type: ☐ Multi-Family ☐ Commercial A** ☐ Commercial B ☐ Industrial ☐ Public Authority

Business Name: Address:

Phone Number: City, State, Zip Code:

Water Service Size: Fireline Service Size:

Water Service Material: Fireline Service Material:

Secondary Supply (i.e. Well)? If Yes, describe:

CONTACT INFORMATION

Owner/Facility Manager **Inspector/Plumber**

Name: Name:

Title: Master Plumber Lic:

Address: Phone Number:

City, State, Zip code: E-mail:

Phone Number: Company Name:

E-mail: Address:

City, State, Zip Code:

INSPECTION SUMMARY

Date	Approved?	Comments/Violations/Corrections

SUBMITTAL CHECKLIST AND SIGNATURE

- ☐ Statement of Compliance: To the best of my knowledge and belief, based on onsite observation, inspection of this building's water system has been completed and found to be in compliance with State of Wisconsin Plumbing Code pertaining to Cross Connection.
- ☐ Installed testable devices have been tested as needed per the attached test records (if N/A, please note in Inspection Summary).
- ☐ The Existing Devices Form is completed and attached with this form (if N/A, please note in Inspection Summary).

Inspector/Plumber Signature

Date

Notes

*All business types except for Commercial A shall be inspected every 2 years

**Property that has similar or less risk of cross connections than residential; this type can be inspected at same frequency as residential