VILLAGE OF MACKINAW CITY
CROSS CONNECTION CONTROL DEVICES

****COMPLETE ONE SEPARATE FORM FOR EACH DEVICE****

Property Owner Name:_____

Business Name:_____

Property Owner Daytime Telephone Number:_____

Property Address: _____

_____

Type of Device: _____

_____

Device Location*:_____

_____

_____

(*Example: boiler room, 1st floor utility room; outdoor irrigation, west side of building 3' from building.)

Model Number:_____

_____

Manufacturer:_____

_____

COMPLETED APPLICATION DUE ON OR BEFORE: May 31, 2002

RETURN TO:
Village of Mackinaw City
Attn: Pat Rivera
Water Department
P.O. Box 580
Mackinaw City, MI 49701

APPLICATION COMPLETED BY:

X_____