

Amalgam Separator Installation Schedule Report

This report is required by sec. 11.214(6), MMSD Rules

Office Name

Street Address

City and Zip Code

Telephone

Check one:

_____ This office places or removes amalgam

_____ This office does not place amalgam and amalgam removal is rare and unforeseeable
(Skip the remaining questions, but you still must sign and return this report)

If an amalgam separator is already installed, please provide the following information:

Installation Date	
Manufacturer	
Model	
Reason for Choosing	

If an amalgam separator is not already installed, then indicate when installation will occur:

(month, year)

I certify that the statements given above are true, accurate, and complete and that I am authorized to represent this office.

Signature

Date

Name (type or print)

Position

Return this form to Tom Nowicki at the Milwaukee Metropolitan Sewerage District, by fax to 414-272-0270 or by mail to 260 West Seeboth Street, Milwaukee, 53204-1446

Thank You for Your Cooperation