



**Town of Wallingford, Building Department**

**Concrete Record Requirement per C.G.S. Chapter 541 Section 29-265c**

**Project Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Concrete Supplied By  
Footings and/or Piers:** \_\_\_\_\_

**Concrete Supplied By  
Walls:** \_\_\_\_\_

**Concrete Supplied By  
Slab(s):** \_\_\_\_\_

**Concrete Installed By Name/Business Name:** \_\_\_\_\_

**Concrete Installer Address:** \_\_\_\_\_

**Concrete Installer Phone Number:** \_\_\_\_\_

**Authorized Name:** \_\_\_\_\_

**Authorization Signature:** \_\_\_\_\_