

UTILITY SERVICE REQUEST

Date of Application: _____

Applicant Name: _____

Applicant Phone Number(s): _____

Address of Proposed Service: _____

Type of Service: Residential Commercial/Institutional Industrial

- For Commercial/Institutional or Industrial Services, provide a completed copy of the Fixture Count Sheet
- Non-residential sewer only applicants must contact the Executive Director to discuss metering options

Description of Desired Water Meter and/or Sewer Lateral Location (include sketch, map, plat, etc. if available):

FIELD USE ONLY

Date of Verification: _____

Tap Allowable: Y N If no, explain:

Main Line Size(s): Water: _____" Sewer: _____"

Water Pressure: _____psi Sewer Grinder Pump Required: Y N N/A

Road Bore(s) Required: Water: Y N N/A Sewer: Y N N/A

Field Test By: _____

Supervisor Approval: _____

OFFICE USE ONLY

Meter Size: _____"

Connection Fee(s) & Road Bore Fee(s): _____

Date Resident Contacted:

Comments:

Office Staff Contact By: _____

Rev. May 2020