

SEWER & WATER AVAILABILITY REQUEST FORM



Please print legibly in ink.

DATE REQUESTED _____ DATE DESIRED _____

SEWER AVAILABLE _____ SEWER UNAVAILABLE _____

WATER AVAILABLE _____ WATER UNAVAILABLE _____

LOCATION (Street Address) _____

CITY _____ STATE _____ ZIP _____

REQUEST MADE BY _____

Owner Developer Engineer

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL ADDRESS _____

DISTRICT USE ONLY

LETTER SENT VIA Mail Fax Email Pick-up

CUSTOMER ACCOUNT NO.(S) _____

ASSESSOR PARCEL NO.(S) _____

NUMBER OF UNITS Multi-Family/Apt. _____ SFR _____
Commercial _____ Condo _____

Engineering Dept: _____

Reviewed by: _____ Date _____