



Request For Water Service Application

Property Information

Date: _____	_____ :
Service Address: _____	City: _____ Zip Code: _____
Subdivision Name: _____ Block Number: _____ Lot Number: _____	

LAND USE:	TYPE OF SERVICE:	BUILDING TYPE:
<input type="checkbox"/> Single-Family Residence	<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> House
<input type="checkbox"/> Manufactured Home/Park	<input type="checkbox"/> Multi-Family Residence	<input type="checkbox"/> Manufactured Home
<input type="checkbox"/> Multi-Family Residence	<input type="checkbox"/> Multi-Family Commercial	<input type="checkbox"/> Church
<input type="checkbox"/> Educational	<input type="checkbox"/> Commercial	<input type="checkbox"/> Governmental Building
<input type="checkbox"/> Recreational	<input type="checkbox"/> Irrigation/ Sprinkler	<input type="checkbox"/> School
<input type="checkbox"/> Church	<input type="checkbox"/> Private Fire Service	<input type="checkbox"/> Business
<input type="checkbox"/> Governmental		<input type="checkbox"/> Recreational
<input type="checkbox"/> Commercial		<input type="checkbox"/> None
<input type="checkbox"/> Industrial		<input type="checkbox"/> Other
<input type="checkbox"/> Park		
<input type="checkbox"/> Other:		

Is there existing water service to this site property? _____ (Yes) or _____ (No)
 Number of existing buildings on this property? (excluding storage buildings and garages) _____
 Number of new buildings on this property? (excluding storage buildings and garages) _____
 Is this a multi-story structure? ____ (Yes) or _____ (No) If yes, how many floors? _____
 Is this a multi-family residence? _____ (Yes) or _____ (No) If yes, ____ Units Served Per Meter
 Will this property be on a septic tank for wastewater (sewage) disposal? ____ (Yes) or _____ (No)
 Will this property be connected to a public sewer system? _____ (Yes) or _____ (No)

Requested Meter Size						
<input type="checkbox"/> 5/8	<input type="checkbox"/> 3/4	<input type="checkbox"/> 1	<input type="checkbox"/> 1 1/2	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Remarks: _____						

Account for Individual or Business

Full Name or Company Name: _____

SSN or TIN: _____

State ID or Driver License Number: _____ State: _____ Expiration: _____

Date of Birth: _____ Relationship: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____ Fax Number: _____

Mailing Address: _____

Printed name of person filling out this form: _____