



DEPARTMENT OF WATER  
Stephanie A. Miner, Mayor

**APPLICATION FOR WATER SERVICE**

*(For information purposes – official application is completed at the Water Department)*

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

TYPE OF SERVICE \_\_\_\_\_ APPLICATION NUMBER \_\_\_\_\_

LOCATION OF SERVICE \_\_\_\_\_ Property # \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

OWNER NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

OWNER REPRESENTATIVE \_\_\_\_\_

REPRESENTATIVE SIGNATURE \_\_\_\_\_

PLUMBING COMPANY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

*This Section Not Required to Abandon Water Service*

FIXTURE COUNT \_\_\_\_\_ WATER DEMAND \_\_\_\_\_ GALLONS (SUPPLIED BY OWNER\CONTRACTOR)

BUILDING PERMIT # \_\_\_\_\_ PLUMBING PERMIT # \_\_\_\_\_ USE OF SERVICE \_\_\_\_\_

USE OF BUILDING \_\_\_\_\_ SIZE OF SERVICE \_\_\_\_\_

TAPPED FROM \_\_\_\_\_

METER SIZE \_\_\_\_\_ METER TYPE \_\_\_\_\_ METER LOCATION \_\_\_\_\_

REMOTE SIZE (OPTIONAL UNLESS METER PIT) \_\_\_\_\_ BACKFLOW PREVENTION REQUIRED \_\_\_\_\_

ROAD CUT RESTORATION FEE \$ \_\_\_\_\_ .\_\_\_\_ \$ \_\_\_\_\_ .\_\_\_\_

DOMESTIC SERVICE FEE \$ \_\_\_\_\_ .\_\_\_\_

METER INSTALLATION FEE \$ \_\_\_\_\_ .\_\_\_\_ \$ \_\_\_\_\_ .\_\_\_\_

FIRE SERVICE FEE \$ \_\_\_\_\_ .\_\_\_\_

AT COST FEES (IF ANY) \$ \_\_\_\_\_ .\_\_\_\_

REMOTE FEE \$ \_\_\_\_\_ .\_\_\_\_

**TOTAL** ..... \$ \_\_\_\_\_ .\_\_\_\_

TOTAL FOR REMOTE (SEPERATE CHECK) \$ \_\_\_\_\_ .\_\_\_\_

\$ \_\_\_\_\_ .\_\_\_\_

CHECK # \_\_\_\_\_ BANK \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE INSTALLED \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE INSPECTED \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE SET \_\_\_\_/\_\_\_\_/\_\_\_\_

*(PLEASE PRESS "F2" AFTER APPLICATION IS COMPLETE)*