



SEWER SERVICE REQUEST APPLICATION

- Total Number of EDU's for this construction: _____, as shown in Section 53.08.
- Commercial User Classification for this construction: _____, as shown in Section 53.11.C.
- A Sewer Capacity Fee is applied to your quote as shown in Section 53.03.A (1) and 53.03.A (2).
- Agreement to Notify District of Completed Sewer Connection is required.

OWNER INFORMATION

Company Name:

Contact Name:

Contact E-Mail Address:

Company Address:

City:

State:

ZIP Code:

Phone:

Fax:

Cellular:

***Who is financially responsible for payment of the monthly water bill?
(circle one) OWNER APPLICANT**

APPLICANT INFORMATION

Company Name:

Contact Name:

Contact E-Mail Address:

Company Address:

City:

State:

ZIP Code:

Phone:

Fax:

Cellular:

PROJECT INFORMATION

Project Name:

Assessor Parcel Number (APN):

Project Address:

City:

State:

ZIP Code:

Description of Service Installation Required:

Signature of Applicant:

Date:

FOR DISTRICT USE ONLY

CHECK ISSUED BY:

REFERENCE ASBUILT NO(S):

ADDRESS:

CITY:

STATE:

ZIP CODE:

PROJECT NO.:

PERMIT NO.:

PRESSURE ZONE 1:

PRESSURE ZONE 2:

SEWER ID.: