



SERVICE AVAILABILITY REQUEST

NAME:		PROJECT NAME:		
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MAILING ADDRESS:	CITY:	STATE:	ZIP:
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CONTACT PHONE:	CONTACT FAX:
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I AM THE:	OWNER	DEVELOPER	BUILDER	ENGINEER	ARCHITECT
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THE FACILITY TO BE SERVED IS:	EXISTING	RESIDENCE	SUBDIVISION	OTHER
	MUTI-FAMILY	COMMERCIAL	GOVERNMENT	

I AM REQUESTING THE FOLLOWING SERVICES:	WATER	SEWER	GARBAGE (CITY ONLY)
	NATURAL GAS	RECLAIMED	

I AM REQUESTING THE FOLLOWING WATER TAP SIZE:	3/4"	1"	1 1/2"	2"	4"	6"
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I AM REQUESTING A WATER TAP FOR A FIRE SPRINKLER SYSTEM:	YES	NO
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IF REQUESTING GAS, PLEASE LIST APPLIANCES PLUS THEIR BTU RATING:

I AM REQUESTING A AVAILABILITY LETTER FOR SANTA ROSA COUNTY DEVELOPMENT SERVICES:	YES	NO
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PROPERTY DESCRIPTION:	SUBDIVISION NAME:	LOT:	BLOCK:
	SANTA ROSA COUNTY PARCEL ID:		
	STREET ADDRESS:		

OFFICIAL USE ONLY

FRONT OFFICE INITIALS:	DATE:
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RESPONSE FROM DEPARTMENT:	WATER/SEWER	NATURAL GAS	COMMUNITY SERVICES
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REVIEWER'S SIGNATURE	DATE	PRINTED NAME
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