

## SERVICE AVAILABILITY REQUEST

REQUESTOR'S INFORMATION:				PROJECT INFORMATION:			
DATE OF REQUEST:				PHYSICAL ADDRESS:			
NAME:				SUBDIVISION NAME:			
BUSINESS NAME:				LOT NUMBER:		BLOCK NUMBER:	
ADDRESS:				PARCEL ID #:			
ADDRESS 2:				THE FACILITY TO BE SEVERED IS:		EXISTING	NEW
СІТҮ:				1	RESIDENCE	SUBDIVISION	MULTI-FAMILY
STATE: ZIP:		ZIP:		1	COMMERCIAL	GOVERNMENT	OTHER
PHONE #:	fAX #:			I AM REQUESTING THE FOLLOWING SERVICES:			
E-MAIL ADDRESS:				WATER	SEWER	GARBA	GE (CITY ONLY)
I AM THE:	OWNER	DEVELOPER	BUILDER	NATURAI	L GAS RECLAIM	ED	
	OTHER	ARCHITECT	ENGINEER	I AM REQUESTING A	TING A WATER TAP FOR A FIRE SPRINKLER SYSTEM:		
REQUESTOR'S S	REQUESTOR'S SIGNATURE:			†	YES	NO	
IF REQUESTING	NATURAL GAS, PLEAS	SE LIST APPLIANCE	ES, INCLUDING BTU RATING:	<u></u>			
			_				
OFFICIAL USE	ONLY						
FRONT OFFICE INITIALS:				DATE:			
RESPONSE FROM	RESPONSE FROM DEPARTMENT: WATER/SEWER		/ATER/SEWER	NATURAL GAS		COMMUNITY SERVICES	
COMMENTS:							
R <sup>I</sup>	REVIEWER'S SIGNATURE DATE		DATE		REVIEWER'S PRINTED NAME		