



## **SERVICE AVAILABLE REQUEST**

DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

LAND OWNER NAME (IF DIFFERENT FROM APPLICANT)

\_\_\_\_\_

LEGAL DESCRIPTION INCLUDING SECTION, TOWNSHIP, AND RANGE:

(MUST ATTACH A COPY OF THE DEED TO THE PROPERTY WHERE SERVICE IS REQUESTED)

PROPERTY PHYSICAL ADDRESS/LOCATION:

\_\_\_\_\_

COMMENTS OR ADDITIONAL INFORMATION: \_\_NEED COPY OF DEED, IF ANY ONE IN HOUSEHOLD HAS CDIB \_\_\_\_\_

\_\_\_\_\_

**WATER SERVICE AVAILABLE LETTERS REQUIRE A MINIMUM OF FIVE (5) BUSINESS DAYS NOTICE FOR OUR STAFF TO REVIEW AND PROCESS.**