

SANITARY SEWER
LATERAL SERVICE APPLICATION

APPLICANT INFORMATION

DATE OF REQUEST

PROPERTY OWNERS NAME

STAMP DATE REC'D

ADDRESS TO BE SERVICED

CONTACT PHONE #

TYPE:

____ **RESIDENTIAL** OR ____ **COMMERCIAL**

____ **SINGLE FAMILY** ____ **MULTI-FAMILY** ____ **DAY CARE**
____ **RESTAURANT** ____ **HAIRDRESSER** ____ **OFFICE**
____ **OTHER**

IF OTHER PLEASE EXPLAIN

FOR TOWN USE ONLY

DATE COMPLETED

CALL BEFORE YOU DIG NUMBER

ASSESSMENT (IF ANY)