

Meter # _____

**CITY OF STEVENSON
WATER SERVICE APPLICATION**

Date of Application: _____

Applicant's Name _____

Mailing Address _____

Phones: _____

Location of Service _____

Comments: _____

Tax Lot Number _____

Date Service Requested _____

I requested this water service and agree to pay all associated costs.

Signature: _____ Date: _____

** In accordance with Federal law this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability.

FOR OFFICE USE ONLY

DATE ROUTED TO PUBLIC
WORKS: _____

WATER

BASE RATE	LINE SIZE	BASE RATE	LINE SIZE
\$ _____	¾ _____	\$ _____	1" _____
\$ _____	1 ½" _____	\$ _____	2" _____
\$ _____	4" _____	\$ _____	6" _____

Comments/Public Works Director:

Approved/Disapproved _____ Date: _____

As built provided _____ (Yes) _____ (No)

Water connection fee paid \$ _____ Date _____ TR# _____