



City of Stevenson

Phone (509)427-5970
FAX (509) 427-8202

7121 E Loop Road, PO Box 371
Stevenson, Washington 98648

APPLICATION TO CONNECT TO CITY WATER

Date: _____

Name of Applicant: _____

Mailing Address: _____

City, State & Zip: _____

Phone numbers: _____

Tax Lot #: _____

Location of proposed connection: _____

Construction scheduled to begin (date): _____

Type & Size of Connection Requested: _____ residential _____ commercial

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

Applicants 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.

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For Office Use Only

Application approved by: _____ Date: _____

Agent for The City of Stevenson

Comments/Public Works Director _____

As built provided? _____

Connection Fee Paid: \$ _____ TR# _____ Date: _____

email: info@ci.stevenson.wa.us

web page: www.ci.stevenson.wa.us