CITY OF MILTON WATER/SEWER SURVEY REQUEST FORM

SERVICE REQUESTED: _____ WATER _____ SEWER _____ BOTH + +

NAME: ____________________________ Company: ____________________________

Mailing Address: ____________________________ City/State/Zip: ____________________________

PH # _______________ CELL # _______________ FAX # ____________________________

SERVICE ADDRESS: ____________________________________________________________

HAS ADDRESS EVER HAD WATER OR SEWER SERVICE BEFORE: _____ YES _____ NO

PARCEL ID: ___________________________________________________________________

DESCRIPTION OF PROPERTY:

[ ] RESIDENTIAL __ SINGLE __ MULTIPLE __ # OF UNITS

COMMENTS:

[ ] COMMERCIAL TYPE OF BUSINESS: ____________________________

SQ. FOOTAGE OF BLDG: __________ IF FOOD SERVICE, # SEATS: __________

# EMPLOYEES _______ SIZE WATER SVC NEEDED __________ METER SIZE: __________

HOURS OF OPERATION: ___________ COMMENTS:

[ ] SUBDIVISION LOCATION: _________________________________________________

DATE SERVICE REQUIRED: ________________ # UNITS ________________

COMMENTS:

DATE SIGNATURE

web DISCLAIMER: THIS IS A SURVEY ONLY, AND DOES NOT CONSTITUTE OR IMPLY A CONTRACT FOR SERVICES.