

CITY OF CRESTVIEW
REQUEST FOR SERVICE REQUIREMENTS

DATE: _____ SERVICE REQUESTED: WATER _____ SEWER _____

NAME OF PROJECT: _____ AREA (Acres) _____

LOCATION: (Attach Location Map) _____

TYPE OF DEVELOPMENT: RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____ OTHER _____
(Explain) _____

NUMBER AND/OR SIZE OF UNITS: _____

ESTIMATED FLOW: (Avg. Day) WATER _____ SEWER _____ FIRE _____

HOW WILL WATER AND/OR SEWER BE PROVIDED IF NOT FROM THE CITY? _____

SPECIAL REQUIREMENTS? _____

OWNER OF PROPERTY: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

DEVELOPER: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

ENGINEER: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

SIGNATURE OF SUBMITTOR _____ PHONE: _____

FOR CITY USE: _____ MAP PAGE _____

NEAREST WATER LINE OF ADEQUATE SIZE: _____

SIZE _____ PRESSURE _____

NEAREST SEWER LINE OF ADEQUATE SIZE: _____

SIZE _____ 1ST L/S _____ 2ND L/S _____

PREPARED BY: _____ DATE: _____

REVIEWED BY: _____

ERU'S PAID BEFORE CO ISSUED: _____ DATE CO ISSUED: _____

DAILY USAGE/ERU EQUIVALENT 1ST YR: _____ / _____ MONTHLY AV: _____

DAILY USAGE/ERU EQUIVALENT 2ND YR: _____ / _____ MONTHLY AV: _____

ADJUSTMENT UP: _____ LTR TO DEVELOPER AND WATER COUNTER/DATE: _____

PAYMENT RECEIVED: _____

ADJUSTMENT DOWN: _____ LTR AND REFUND CHECK TO DEVELOPER/DATE: _____