



Utility Service Verification

Applicant Name: _____

Applicant Phone: _____

Applicant Mailing Address: _____

Applicant Signature _____ Date: _____

Service Request Location:

- Tax Map #: _____
- Subdivision / Lot : _____
- Street Name / Number : _____

Utility Services Requested:

- Water
 - Size of water tap request : _____
 - Special request : _____

 - Is water service available at this location? Yes No
 - SL&W Make Contractor Made
 - Water Department representative signature: _____
 - Comments : _____
 - _____
 - _____

- Sewer
 - Size of sewer tap request : _____
 - Special request : _____

 - Is sewer service available at this location? Yes No
 - SL&W Make Contractor Made
 - Sewer Department representative signature: _____
 - Comments : _____
 - _____
 - _____

- Electric
 - Electric load request : _____
 - Special request : _____

 - Is electric service available at this location? Yes No
 - Electric Department representative signature: _____
 - Comments : _____
 - _____
 - _____

- Garbage
 - Is garbage service available at this location? Yes No
 - Street Department representative signature: _____
 - Comments : _____
 - _____
 - _____