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*: _____ *PARCEL ID*: _____**

****

DESCRIPTION OF PROPERTY: _____NEW _____ EXISTING

[ ] RESIDENTIAL **_____ SINGLE _____ MULTIPLE _____ # OF UNITS**

COMMENTS:

[ ] COMMERCIAL **TYPE OF BUSINESS: _____** METER SIZE: _____

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

SIZE WATER SVC NEEDED _____ HOURS OF OPERATION: _____

COMMENTS:

[ ] SUBDIVISION LOCATION: _____**# UNITS**_____

DATE SERVICE REQUIRED: _____ COMMENTS:

DATE: _____ SIGNATURE: _____ APPROVED: _____

ONCE THE FORM IS COMPLETED AND SIGNED, IT CAN BE FAXED TO:

(850) 983-5415 OR E-MAILED TO: pwsec@ci.milton.fl.us _____

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

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