

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:

<p>[] COMMERCIAL TYPE OF BUSINESS: _____</p> <p>SQ. FOOTAGE OF BLDG: _____ IF FOOD SERVICE, # SEATS: _____</p> <p># EMPLOYEES _____ SIZE WATER SVC NEEDED _____ METER SIZE: _____</p> <p>HOURS OF OPERATION: _____ COMMENTS:</p>

[] 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.**