

Date Received: _____

ENTRANOSA WATER & WASTEWATER REQUEST FOR SERVICE

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ FAX _____ CELL _____

PHYSICAL ADDRESS _____

LEGAL _____

REALTOR FEE \$ _____ CHECK # _____

EWWA USE: CHECK APPROPRIATE CATEGORY (X)

IS PROPERTY SERVICEABLE ? YES _____ NO _____

IS PRESSURE ADEQUATE ? YES _____ NO _____ PSI _____

MEMBERSHIP & METER ONLY _____ ESTIMATE REQUIRED _____

FIRE HYDRANT REQUIRED? _____

COMMENTS: _____

COMPLETED BY _____ DATE _____

FOLLOW UP CALL BY _____ DATE _____