

MANITOWOC PUBLIC UTILITIES - WATER SERVICE APPLICATION

A. APPLICATION FOR SERVICE

Address for Service:		Party to Bill: <input type="checkbox"/> Same as Owner	
Owner of Property:	Owner's Address:	Owner's Phone:	
Name of Contractor:	Contractor's Address:	Contractor's Phone:	
Water Service Data:		Does the property have:	
Description of Service Use:		<input type="checkbox"/> Pool	
<input type="checkbox"/> Commercial/Industrial/Gov't:		<input type="checkbox"/> Private Fire Protection	
Define Type: _____		<input type="checkbox"/> Sewer Duct	
<input type="checkbox"/> Residential: <input type="checkbox"/> 1-Family <input type="checkbox"/> 2-Family <input type="checkbox"/> Multi-Family		<input type="checkbox"/> Private Well	
<input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Owner Occupied		<input type="checkbox"/> Irrigation	
Estimated Date of Connection:		Contractor Information:	
Estimated Usage (Gallons/Minute):		<input type="checkbox"/> Sketch attached	
Service Size Requested:		Additional Comments:	
Signed:		Date:	

B. MPU INTERNAL USE ONLY

Tap Available: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tap Date: _____	Tap Size:	
Billable Tap: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tap Order #: _____	Year Constructed:	
Assessment Due: <input type="checkbox"/> Yes <input type="checkbox"/> No		Plan:	
Service Material:		Work Order:	
Fire Protection Service Size:		Service Size:	
Meter Size:		Meter Type:	
Special Requirements:		Application Approval:	Date:

C. CERTIFICATE OF INSPECTION

Receipt of Approved Application:	Date:
Condition of Curb Stop:	Location of Curb Stop:
Water Off:	Spacer Removed:
<input type="checkbox"/> Non-Residential Cross Connection Compliant	
Plumber:	Date:
Company:	Date:
Final Plumbing Approval-Signed:	Date: