

DEPARTMENT OF WATER SUPPLY
ALGONAC, MICHIGAN

WATER TAP NUMBER:
WATER TAP SIZE:
STREET:

DATE:

LOT#:

OWNERS NAME:
OWNERS ADDRESS:

NEW/OLD BLDG:

LOCATION OF SERVICE:

METER LOCATION: PIT - UNLESS OTHERWISE ARRANGED WITH WATER DEPT.

APPLICANT TO BE HELD RESPONSIBLE FOR ACCURACY OF ABOVE LOCATIONS

TAP COST: \$1,300.00

OTHER CHARGES:

TOTAL CHARGES:

PMT RECEIVED:

CHECK #:

I HEREBY REQUEST A WATER SERVICE INSTALLATION AT THE ABOVE LOCATION.

OWNER / AGENT _____

ADDRESS _____

TELEPHONE # _____

SPECIAL INSTRUCTIONS- KEEP ALL WATER SERVICES AWAY FROM DRIVE OR SEWER.

DATE REPORTED TO INSTALLATION CREW _____

INSERTED IN ALM _____

INSERTED IN CROSS REF ADDRESS _____

INSERTED IN CROSS REF SEQUENCE _____

ASSIGNED SEQUENCE #:

TAP APPLICATION #: