

Request for Service Requirements



Date _____

Service Requested: Water _____ Sewer _____

Name of Project _____ Area (Acres) _____

**PROJECT ADDRESS - *THIS INFORMATION IS REQUIRED TO PROCESS APPLICATION
(ATTACH LOCATION MAP)** _____

Type Development: Residential _____ Commercial _____ Industrial _____ Other _____

(Explain) _____

Number and/or Size of Units _____

Estimated Flow: (Average Day) Water _____ Sewer _____ Fire _____

How will water and/ or sewer be provided if not from ECUA? _____

Special Requirements: _____

Owner of Property: (type or print) _____

Address: _____ Phone: _____

Developer: (type or print) _____

Address: _____ Phone: _____

Engineer: (type or print) _____

Address: _____ Phone: _____

Submitted By: (type or print) _____ Title: _____

Signature of Submitter _____ Title _____

FOR ECUA USE:

Map Page _____

Nearest Water Line of Adequate Size: _____

Size: _____ Pressure: _____

Nearest Sewer Line of Adequate Size: _____

Size: _____ 1st L/S: _____ 2nd L/S: _____ Plant: _____

ECUA Sanitation ? _____

Prepared By _____ **Date** _____ **Reviewed By** _____