CITY OF WAUSEON
PUBLIC SERVICE
419-335-9871 OR 419-335-8376

JOHN ARPS, SUPERINTENDENT
JOSH RECKNER, ASS'T SUPERINTENDENT

APPLICATION FOR WATER, SANITARY AND STORM SEWER TAPS

APPLICATION FOR:

_____ Water Service Size _____ Residential
_____ Sewer Service Size _____ Commercial/Industrial

Address of Tap_____

Applicant: Name_____
Address_____City_____State_____
Zip Code_____Phone Number_____

Tap Fees Billed to: Name_____
Address_____

Estimated fees shall be paid before work will be commenced. Actual fees for time and material will be billed after the completion of the work.

_____ _____
Signature of Applicant Date

OFFICE USE ONLY
APPROVAL BY:_____ DATE_____

WATER FEES
Tap: Estimate $_____
Actual $_____
Inspection Fee $_____
Front Footage
Where Applicable $_____
Extra Boring $_____
TOTAL COST FOR WATER TAP
Estimate $_____
Actual $_____

SEWER FEES
Tap: Estimate $_____
Actual $_____
Inspection Fee $_____
Front Footage
Where Applicable $_____
Extra Boring $_____
TOTAL COST FOR SEWER TAP
Estimate $_____
Actual $_____

STORM SEWER FEES
Tap: Estimate $_____
Actual $_____
Inspection Fee $_____
TOTAL COST FOR STORM SEWER TAP
Estimate $_____
Actual $_____

APPLICANT NOTIFIED OF APPROVAL DATE_____
WORK COMPLETED DATE_____ PAYMENT RECEIVED _____RECEIPT #_____

WATER METER RECEIVED _____ ISSUED BY _____ METER SIZE _____

DATE_____ METER SIZE_____ CHECK VALVE _____ SHUT-OFF VALVE_____

WATER INSP _____
INSPECTED BY: _____ DATE _____

SEWER INSPECTION _____
INSPECTED BY: _____ DATE: _____