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COMPTROLLER
HELENA K. STICKLES, CPA
SPECIAL PROJECTS ADMINISTRATOR
WILLIAM P. JENKINS
OPERATIONS MANAGER
ARTHUR W. MEADE

Letter of Intent/Water or Sewer Availability Request

Date: _____ **NO:** _____

Development Type: **Commercial:** _____ **Residential:** _____

Project Name: _____

Lot Number: _____ **TMS #:** _____

Service Address: _____

Description of Work: _____

New Construction: _____ **YES** _____ **NO**

Renovation: _____ **YES** _____ **NO**

Sq. Ft.: _____

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____ **Email:** _____

Owner of Property: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Phone: _____ **Email:** _____

Establish Service Date: _____

Customer Signature: _____

Office : _____

Allow 48 Hours Minimum for a Response