



DATE: \_\_\_\_\_

BUILDING PERMIT NUMBER: \_\_\_\_\_

TYPE OF REQUEST: \_\_\_\_\_

| PROPERTY INFORMATION FOR SERVICE ADDRESS |       |                            |       |            |       |         |       |
|------------------------------------------|-------|----------------------------|-------|------------|-------|---------|-------|
| STREET ADDRESS _____                     |       |                            |       |            |       |         |       |
| CITY                                     | _____ | ZIP                        | _____ | MAP/PARCEL | _____ |         |       |
| SUBDIVISION                              | _____ | PHASE                      | _____ | SECTION    | _____ | LOT     | _____ |
| CHANGE METER                             | _____ | CURRENT METER NUMBER _____ |       |            | _____ | READING | _____ |

| METER INFORMATION |       |            |       |
|-------------------|-------|------------|-------|
| TYPE OF METER:    | _____ | METER SIZE | _____ |

| PARTY RESPONSIBLE FOR BILL |       |                |           |
|----------------------------|-------|----------------|-----------|
| COMPANY                    | _____ | CONTACT PERSON | _____     |
| ADDRESS                    | _____ |                | ZIP _____ |
| PHONE NUMBER               | _____ | EMAIL          | _____     |

| CONTRACTOR/PLUMBER                             |       |                |           |
|------------------------------------------------|-------|----------------|-----------|
| COMPANY                                        | _____ | CONTACT PERSON | _____     |
| ADDRESS                                        | _____ |                | ZIP _____ |
| PHONE NUMBER                                   | _____ | EMAIL          | _____     |
| CONTRACTOR/PLUMBER LICENSE NUMBER (JC, PC, GC) |       | _____          |           |

| TAP INFORMATION    |       |                          |       |
|--------------------|-------|--------------------------|-------|
| TAP TYPE           | _____ | TAP SIZE                 | _____ |
| TAP TYPE           | _____ | TAP SIZE                 | _____ |
| TN ONE CALL NUMBER | _____ | EXCAVATION PERMIT NUMBER | _____ |
| 1ST DATE REQUESTED | _____ | TIME OF DAY              | _____ |
| 2nd DATE REQUESTED | _____ | TIME OF DAY              | _____ |

METERS WILL BE INSPECTED 15 WORKING DAYS AFTER PERMIT IS ISSUED. INSPECTION FEES WILL BE CHARGED FOR METER INSPECTIONS.

| For Office Use Only: |                     |                   |  |
|----------------------|---------------------|-------------------|--|
| WSST _____           | WSWT _____          |                   |  |
| MWS# _____           | MWS# _____          |                   |  |
| Early Release _____  | Transfer Slip _____ | Dev. Equity _____ |  |
| PSI _____            | PRV _____           | Booster _____     |  |