SERVICE APPLICATION

Utilities Department ♦ P.O. Box 708 ♦ Lawrence, Kansas 66044
785/832-7800 ♦ FAX 785/832-7806 ♦ utilitiesdept@lawrenceks.org

Please fill out information below:

Customer/Owner Name:	**Date:**
Mailing Address:	**Telephone number:**
City, State, Zip:	**Email:**
Building Permit No:	**FAX:**
Plumbing Contractor:	**Telephone number:**

Service Address: _____

Block: _____ **Lot:** _____ **Subdivision:** _____

WATER

Type of Building *(select one – X)*	**Single Family**_____	**Multi-Family** _____ **No. of Units** _____	**Commercial**_____	**Other**_____ *(indicate)*
Type of Service *(select – X)*	**Domestic**_____	**Fire Line Connection**_____	**Irrigation**_____	**Other**_____ *(indicate)*
Tap & Meter Size ***(indicate # needed)***	**¾" tap & 5/8" meter**____	**1" tap & 1" meter**____	**Other**_____ *(indicate)*	

SEWER

Type of Service *(select – X)*	**Domestic Sewer Connection** _____	**Non-Domestic Sewer Connection** ____	**Monitoring Manhole** _____

By making application for service, the Customer/Owner and/or Plumber listed above agree to comply with all requirements and specifications of the City of Lawrence, Kansas.

_____ _____ _____

Customer Signature **Customer Printed Name** **Date**

Please send Service Installation to me by ____ **Email** ___ **FAX** ___ **1st Class Mail**

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- ***Payment is not accepted on applications.***
- ***A Service Installation agreement will be prepared and sent to you for signature and payment once we have received your completed Service Application.***
- ***Your service request will be placed on the work schedule after receipt of your signed Service Installation agreement and payment in full of all applicable charges and fees.***
- ***Please allow up to 6 weeks for completion of service installation, barring unforeseen needs elsewhere in the distribution system.***