

TRIMBLE COUNTY WATER DISTRICT NO. 1

PRE-SITE EVALUATION

DATE: _____

NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

DIRECTIONS AND 911 ADDRESS OF PROPERTY THAT IS BEING REQUESTED: _____

HAS THE PERSON (S) REQUESTING SERVICE EVER BEEN ON TRIMBLE COUNTY WATER DISTRICT NO.1 WATER SERVICE BEFORE? _____ YES _____ NO

IF YES, NAME AND ADDRESS IN WHICH BILLING OCCURRED: _____

LIST ALL USES FOR WHICH REQUESTED SERVICE WILL BE USED:

_____ HOME _____ POOL _____ BUILDING _____ BARN _____ GREENHOUSE

OTHER _____

UPON APPROVAL OF SERVICE, THE FOLLOWING INFORMATION IS REQUIRED:

___ COPY OF PROPERTY DEED FOR WHICH SERVICE IS BEING REQUESTED

___ COPY OF ALL EASEMENTS ON PROPERTY

___ 911 ADDRESS ___ SEWAGE PERMIT ___ INSIDE / OUTSIDE PLUMBING PERMIT

A REPRESENTATIVE FROM THE DISTRICT WILL MEET YOU ON SITE FOR AN EVALUATION ON: _____ AT _____:

FAILURE TO COMPLETE OR PROVIDE INFORMATION NEEDED ON THIS APPLICATION MAY RESULT IN DELAY OR DENIAL OF APPLICATION.

SIGNATURE

DATE