



PLANNING & DEVELOPMENT
DEPARTMENT

Self-Certification Program Water and Sewer Service Information Request Form

Date: _____
Requestor Name: _____ Phone: _____
Company: _____ Fax: _____
KIVA Project No: _____ Q.S.: _____
Address: _____ APN: _____

Name and identification is required for map attachments	
Staff Use Only:	MAPS CANNOT BE EMAILED
Requestor Name*: _____	
I.D / D.L.:* _____	State*: _____
Staff Name: _____	Date: _____

The information provided on this form and the attachment is based on record drawings submitted by others including other city departments. Users of this information are cautioned that independent verification of actual conditions may be necessary.

Attachment: ☐

Existing Water Service

Tap Investigation Required: ☐ No ☐ Yes Date: _____

Tap Size: _____ Meter Size: _____ Comment: _____

Tap Size: _____ Meter Size: _____ Comment: _____

Tap Size: _____ Meter Size: _____ Comment: _____

Note: _____

Existing Sewer Service

Tap Size: _____ Comment: _____

Tap Size: _____ Comment: _____

Note: _____

For more information or for a copy of this publication in an alternate format, contact Planning & Development at 602-262-7811 voice or TTY use 7-1-1.