



PLANNING & DEVELOPMENT DEPARTMENT

Self-Certification Program Water and Sewer Service Information Request Form

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

Staff Use Only: *Name and identification is required for map attachments* 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: 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.