SEWAGE AVAILABILITY INQUIRY

**APPLICANT**

Name: 
Phone: Email: Fax: 
Mailing address: 
  City: State: ZIP Code: 

**PROPERTY OWNER**

☐ Same as above 
Name: 
Phone: Email: Fax: 
Mailing address: 
  City: State: ZIP Code: 

**PROPERTY INFORMATION**

Service Address: 
  City: State: ZIP Code: 
Municipality: Tax Map Number: Development Name: 
Description of Property: ☐ Single Family Dwelling ☐ Multifamily Dwelling ☐ Restaurant/Food Service ☐ Industrial/Manufacturing ☐ Other: 
Estimated Water Consumption Per Day: gallons 

**INQUIRY**

Reason for Inquiry: 

Description of Information Being Requested**: 

**There is a $25.00 fee if a written response is requested.** 

**SIGNATURE**

Signature of Applicant: Date: 

IN-HOUSE USE ONLY 
Date Received:
<table>
<thead>
<tr>
<th>IN-HOUSE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONSE</td>
</tr>
</tbody>
</table>

| Response:         |
| Person Response Given To: |
| Date Response Given:  |