



Applicant:

Service Address:

Print Name

Address, Parcel Code

Company Name

City

Contact Phone Number

If applicant is not owner, please submit Owner's Authorization Letter. (samples available)

The undersigned hereby makes application for service from the Springfield Water and Sewer Commission at the herein named premises. The undersigned will assume all expenses of the tap, pipe, and other appurtenances in accordance with the schedule of rates and charges as adopted by the Springfield Water and Sewer Commission. Water use and supply are subject at all times to the rules and regulations established by the Springfield Water and Sewer Commission

Owner:

Print Name

Billing Address

City, State

Zip

Applicant's Signature:

Date:

The installation of a replacement and/or new water service may require your electrical ground to be disconnected. It is the Applicant/Owner's responsibility to ensure that the ground is reinstalled to meet the current state and local building code regulations. The Springfield Water and Sewer Commission will not provide this service. If an electrician is required it will be the sole responsibility of the Applicant/Owner.

Fire Flow Test:

Number of Tests Requested: _____

Fire Flow Testing Fees:

1. **Deposit** = \$100 *

* Submit results to SWSC Engineers to receive deposit refund.

2. **Fire Flow Test Fee** = \$200 per test (Monday – Friday 7:00 AM to 3:00 PM)

= \$400 per test (Evenings, Weekends, Holidays) **

** Only with prior SWSC approval

Please provide two separate checks; one for refundable deposit and one for test(s).

Total Due: \$ _____

Payment Received By:

Office Use Only

Employee Signature

Check #: _____

Work Order Number: _____