

City of Hastings
 COUNTY OF BARRY, STATE OF MICHIGAN

APPLICATION FOR NEW OR ADDITIONAL WATER OR SANITARY SEWER SERVICES

Date _____

Applicant Name _____ Phone _____

Applicant Address _____

Service Address or Property Description _____

Customer/User Type: (Please check one)

- _____ Single family residential
- _____ Multi-family residential: Number of units _____
- _____ Commercial: residential equivalency units _____
- _____ Industrial: residential equivalency units _____
- _____ Other: residential equivalency units _____
- _____ Sprinkler meter only: Number of meters _____ Meter size _____ Meter size _____

Size of sewer lateral: _____ 4" _____ 6"

	Service Charge	Existing Service Credits	Net Charge
Water Service Charges			
592.010.626.593 Meter	\$ _____	\$ _____	\$ _____
592.010.626.591 System Improvement Fee (if all new or enlarged)	\$ _____	\$ _____	\$ _____
592.010.626.593 Connection Charge	\$ _____	\$ _____	\$ _____
Total Water Service Charge	\$ _____	\$ _____	\$ _____
Sewer Service Charges			
592.010.626.593 Meter (non-city water customers only)	\$ _____	\$ _____	\$ _____
592.020.626.597 System Improvement Fee (if all new or enlarged)	\$ _____	\$ _____	\$ _____
592.020.626.598 Connection Charge	\$ _____	\$ _____	\$ _____
Total Sewer Service Charge	\$ _____	\$ _____	\$ _____
Total Service Charges	\$ _____	\$ _____	\$ _____

SPECIAL ASSESSMENTS YES or NO \$
PAVEMENT CUT PERMIT REQUIRED YES or NO (no additional cost/fill out permit application)

Any curbing or sidewalk that is damaged or removed to facilitate the installation of the water or sanitary sewer service lateral will be replaced at the applicants expense.

Comments _____

Applicant's Signature _____ Date _____

City Representative _____ Date _____

WATER WORKS (office use only)	
Size – Service _____	
Service connection enters the premises on the _____ side of lot, on _____ Street.	
Distance of service box is _____ ft _____ inches, and _____ ft _____ inches.	
I hereby certify that this is correct. Signature _____ Date _____	
Meter released on _____	Serial number _____
Employee signature _____	Date _____