Widefield Water & Sanitation District

8495 Fontaine Blvd. Colorado Springs, CO 80925 (719) 390-7111

APPLICATION FOR SERVICE

Date of Application:			_
Location Address:			
Subdivision:		_Lot #:	
Name of Applicant:	Developer:	Owner:R	enter:
Contact Person:			
Phone Number:	Cell Phone:	Fax:	
Description of Project:			
-			
Meter Size Requested:	Residential:	Commercial:	
If Commercial, describe	uses of building:		
Existing Service:	New Service	::	
Have plans been submit *If yes, please provide co	ted to the District Engineer? pies of any correspondence for District decisions for actions.	Date Submitted:	
Engineering Firm (if App	licable):		
Contact Person:			
Phone Number:	Cell Phone:	Fax:	
For Office Use Only Services Requested /Fed	es Paid:		
-	Water Tap	Sewer Tap	
-	Water Acquistion	Sewer Inspection	
-	Water Inspection	Sewer Interceptor, Me	sa Ridge
-	Water Meter & Installation	Sewer Interceptor, Sou	uthern
-	Expansion of Existing Service		
Amount Paid:	Receipt #	Date:	
Signature of Applicant:			