

CITY OF HARBOR SPRINGS

160 ZOLL STREET
P.O. BOX 678
HARBOR SPRINGS, MICHIGAN 49740

No. _____
Date _____
Acct. No. _____

WATER DEPARTMENT SERVICE APPLICATION

SERVICE TYPE

- Res. Comm. Pub.
 Trailer Mod. Home

SERVICE REQUESTED

- New Service
 Sewer Tap
 Meter Pit

SERVICE SIZE

- 1 ¾
 2 1½
 Automatic Read-out
 Location _____

	Date Requested	Date Received
Hold For Rights of Way
St. Hwy. Permit
Health Permit
State Inspection
Construction

BILLING ADDRESS

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____
(Area) number

SERVICE LOCATION

Address _____

FEES AND PAYMENTS

Date _____

.....	\$
.....	\$
.....	\$
.....	\$
Total	\$
Taken By	

Paid _____

Nature of Work _____

	START/SET	FINAL/REMOVE	PROCESSED BY
METER NUMBER			DATE
METER READING			

	SHOW BUILDING AND UTILITIES LOCATION
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Signed

Signed