



SEWER LATERAL LOCATION REQUEST FORM

****PLEASE ALLOW 4 BUSINESS DAYS FROM TIME OF REQUEST FOR A RESPONSE WITH LATERAL INFORMATION****

Date: _____

Applicant Information

Name of Person Requesting: _____

Address: _____

Company Address: _____

Phone Number(s): (_____) _____ (_____) _____

Email: _____

Property Information for Lateral Location

Plat: _____ Lot: _____

Property Address: _____

Owner's Name: _____

I, the undersigned, acknowledge the following:

- This lateral location request form does not constitute a sewer connection permit or a road excavation permit.
- I will not attempt to locate the lateral by excavation without first obtaining any and all permits required.

Applicant's Signature

Date

Information Supplied

Date: _____

Form Of Communication: _____

By: _____
