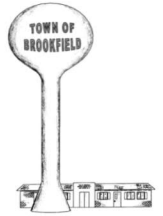




APPLICATION FOR SEWER SERVICE

SANITARY DISTRICT NO. 4 - TOWN OF BROOKFIELD
645 N. Janacek Rd., Brookfield, WI 53045
MAILING: P.O. Box 1296, Brookfield, WI 53008-1296
Office: 262-798-8631 Fax: 262-796-0339



The undersigned applies to the Town of Brookfield Sanitary District #4 for sewer service to be supplied at the location herein described.

ADDRESS OF PROPERTY TO BE SERVED WITH SEWER (IF NO ADDRESS ATTACH SURVEY WITH LEGAL DESCRIPTION)			
Lot Number	Block Number	Subdivision	Tax Key Number

Name of Owner	Address of Owner	Telephone No.
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Application is for service to: New Building Existing Building

Email

Type of Occupancy - (check one)

- Single Family Home
- Commercial, Retail
- Hotel, Motel
- Other _____
- Two Family Home
- Commercial, Office
- Industrial
- Multi-Family Building / Number of Units [____]
- Manufacturing
- Restaurant
- Warehousing
- Institutional

Applicants for other than single or two family dwellings must provide the following information:

- Please indicate the size of the service lateral to be installed: _____
- Does this installation include a sampling manhole? Yes No
- If service is to an existing building, state what kind of sanitary system was in use to date _____
- Are hazardous wastes produced on these premises? Yes No - If yes, list: _____
- Do your waste discharges require pretreatment? Yes No - If yes, state particulars: _____
- Does this building have a fire sprinkler system? Yes No - If yes, give system size: _____ No. of sprinkler heads _____
- How many persons will be employed on these premises? _____

The applicant agrees to pay for sewer service and water pretreatment monitoring services and inspections in accordance with the rates, rules and regulations authorized by the Public Service Commission of Wisconsin and in effect at the time of delivery. The applicant further agrees to abide by the rules and regulations of the Sanitary District #4, the Town of Brookfield Plumbing Code, and all applicable provisions of the Wisconsin Statutes and Wisconsin Administrative Code.

Signature of OWNER _____ Date _____

Print or type Name _____

FOR DEPARTMENTAL USE			
Application For Service Approved by		Date	Meter Size Approved
Lateral Installed By	License #	Installation Approval Date	Plumbing Permit No.

PLEASE NOTE: If work on this connection does not begin within 60 days from the date of approval, a new application must be submitted.