



817 South Madison Street • PO Box 431 • Waupun, WI 53963  
Phone (920) 324-7920 • Fax (920) 324-7922

## Water / Sewer Service Application

Estimated date **water service** required: \_\_\_\_\_  New  Replace  Relocate

If needed, estimated date **temporary service** required: \_\_\_\_\_

*Note: Installation will not occur until all requirements and applications are filled out. Once all requirements are met, installation will occur approximately five days after.*

### Site Information

Address: \_\_\_\_\_

Parcel No: \_\_\_\_\_ Lot No: \_\_\_\_\_ Addition: \_\_\_\_\_ Building Permit No: \_\_\_\_\_

Property Type:  Residential  Apartments/Condominium  Commercial  Industrial

Number of Units: \_\_\_\_\_

### Customer Information

Name: \_\_\_\_\_

Additional Name on Account: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Builder / General Contractor Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Plumbing Contractor for Excavation Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Plumbing Contractor Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Water Service Information**

Exact use of requested water service (*check all that apply*):

Domestic     Production     Cooling Water     Refrigeration     Other: \_\_\_\_\_

Is there a Fire Service?  No     Yes – Private Hydrant     Yes – Sprinkler System If yes, what size: \_\_\_\_\_

***Call to request fire flow test information if needed***

Material:     Ductile Iron     Copper     PEX / PVC (Circle One)

Main Size: \_\_\_\_\_ Lateral Size: \_\_\_\_\_

Service Type:     Live Tap - On Main     Cut In - On Main

Connect to Existing

Water Meter Size: \_\_\_\_\_ Number of Meters Requested: \_\_\_\_\_

**Sewer Service Information**

Material:     Ductile Iron     Copper     PEX / PVC (*Circle One*)

Main Size: \_\_\_\_\_ Lateral Size: \_\_\_\_\_

Service Type:     Live Tap - On Main     Cut In - On Main

Connect to Existing

**A site utility plan or drawing must be submitted with this application.**

**Contractor must contact Waupun Utilities when digging in the water/sewer service if there is a Live Tap or Cut In from Waupun Utilities' main so connection can be verified.**

The undersigned Property Owner and the Plumber hereby make the application to Waupun Utilities for water/sewer service and agree to comply with all the applicable rules and regulations of the Public Service Commission of Wisconsin and Waupun Utilities. Unauthorized connections to the public water supply and sewer system may result in disconnection. Please allow 10 business days to process and 3 business days' notice to schedule tap/inspection.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plumber Contractor Excavation Signature/Credential ID    Date

\_\_\_\_\_  
Master Plumber's Signature/Credential ID

\_\_\_\_\_  
Date