

Service Availability Request Form

Please Print:	Date:
Applicant or Company	Name:
Location Address of Se	ervice Requested:
What will be the prima	ry usage of water? ☐ Residential ☐ Commercial ☐ Irrigation ☐ Other
Mailing Address:	
Email Address:	
Phone: Home ()
Cell ())
Service cannot be confirm	Form is a "conditional" approval for service based on current conditions of the system. ned until application for service is accepted and fees have been paid. This approval is except or if the system conditions change due to other applications or service commitments.
Signature below acknowl	edges acceptance of the above terms.
Signature	Print Name
BELOW THIS LINE	FOR OFFICE USE ONLY:
	Date Received:
	☐ Service Availability Request Form ☐ Map ☐ Fees paid

Non-Discrimination Statement

*This Institution is an Equal Opportunity Provider and Employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filling.cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, By fax (202) 690-7442, or email at program.intake@usda.gov.