



REQUEST FOR SEWER AVAILABILITY
PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT

Date: _____

CONTACT INFORMATION:

1. NAME _____
2. ADDRESS _____

3. TELEPHONE # _____

SECTION, LOT AND BLOCK TO BE SERVED:

4. SECTION _____ LOT _____ BLOCK _____
5. SERVICE ADDRESS _____

6. TYPE OF USE:
SINGLE FAMILY RESIDENCE _____
2 - 4 FAMILY RESIDENCE _____
5 + FAMILY & COMMERCIAL BUILDING _____

I certify that the information provided in this request, including submittals and attachments is true and correct to the best of my knowledge.

Signature _____ Date _____

Please allow approximately 5 working days for a response
This letter will be provided with an expiration date of one (1) year from the written date