SCAPPOOSE Oregon

PROJECTED INSTALL DATE: _____ CONNECTION DATE: _____

SERVICE ADDRESS: _____ SUBDIVISION: _____

_____ TAXLOT ID#: _____

ACCOUNT#: _____ IMPERVIOUS SURFACE AREA: _____ ft^2

ROUTE#: _____ OWNER ☐ CONTRACTOR ☐

NAME: _____ ODL#: _____

MAILING ADDRESS: _____

PHONE / EMAIL: _____

DEPOSIT WAIVED ☐ RECEIPT#: _____ DEPOSIT AMOUNT: _____

NEW WATER METER INFORMATION

SERIAL#: _____ WATER + SEWER ☐

MANUFACTURER: _____ WATER ONLY ☐

METER SIZE: _____ SEWER ONLY ☐

INSTALL DATE: _____ DATE BUILDING FINAL REQUESTED: _____

INSTALL READING: _____ FINAL READING: _____

INSTALLED BY: _____ WATER REQUESTED TO BE: ☐ *on* ☐ *off*

PUBLIC WORKS INSPECTION

PASS ☐

FAIL ☐

NAME: _____

DATE: _____

Comments: