

Water Service Application



Spring Lake Township
101 S Buchanan St
Spring Lake, MI 49456

Permit # _____

If Sewer Also-Sewer Permit # _____

Date: _____ Parcel # 70-03- _____

Account # _____

Issued By: LS Read Sequence # _____

Book # _____

Owners Name:	_____
Address:	_____
City, St. zip	Spring Lake, MI 49456 Lot# _____
Phone Number:	_____
Cell Phone #:	_____

Owner Mailing Address (if different)	
Address:	_____
Apt #	_____
City, St, Zip	_____

Builder Name:	_____
Mailing Address:	_____
City, State, Zip	_____
Phone Number:	_____

TYPE OF SERVICE	
<input checked="" type="checkbox"/>	Residential
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Industrial
<input type="checkbox"/>	Multi-family

TAP SIZE	
<input checked="" type="checkbox"/>	PRE-TAP
<input type="checkbox"/>	1 INCH
<input type="checkbox"/>	1 1/2 INCH
<input type="checkbox"/>	2 INCH
<input type="checkbox"/>	OTHER

WATER TAP FEES

Pre-tap rate	\$	_____
Public Service line	\$	_____
FRT FT = \$37.00/FT	\$	_____
Meter Fee	\$	_____
Inspection Fee	\$	_____
Trunkage Fee	\$	_____
Admin Fee	\$	_____
AMOUNT PAID	\$	_____

METER BAR TAKEN:	YES	<input checked="" type="checkbox"/>
	NO	<input type="checkbox"/>
(CHECK ONE)		
Date taken:	_____	
Taken by:	_____	
initialed	_____	

METER SIZE	
<input checked="" type="checkbox"/>	3/4 INCH
<input type="checkbox"/>	1 INCH
<input type="checkbox"/>	1 1/2 INCH
<input type="checkbox"/>	2 INCH
<input type="checkbox"/>	OTHER

IS THERE AN EXISTING WELL?

IF YES, OTTAWA COUNTY WILL BE NOTIFIED

YES	<input type="checkbox"/>
NO	<input checked="" type="checkbox"/>

SEWER ASSESSMENT

Admin Fee	\$	_____
Frt ft = 120 x \$46.00/ft	\$	_____
Stub	\$	_____
Trunkage	\$	_____
Totals	\$	_____
1/11th down	\$	_____
AMOUNT PAID	\$	_____

Water Line Inspection Date	_____
Service Person	_____
Sewer Also?	yes <input type="checkbox"/> no <input type="checkbox"/>
Water/Sewer installer:	_____
installer phone number:	_____

TOTAL PAID: _____ **CHECK NO.:** _____ **PAID BY:** _____

Comments: _____

