

ſ	INTERNAL USE ONLY					
	BILLING #:					
	PAID BY CHECK					
	TAP DATE:					

DATE:				
SERVICE ADD	DRESS:			
OWNER'S NA	AME:			PHONE #:
CONTRACTO	R'S NAME:			PHONE #:
742 6175			TYPE OF ES	TABLISHMENT:
TAP SIZE	\$225.00	QUANTITY		RESIDENTIAL COMMERCIAL OTHER - SPECIFY:
1.5"	\$250.00			onen si centi.
2"	\$275.00		BILLING IN	IFORMATION
4"	\$600.00		NAME:	
6"	\$800.00		ADDRESS:	
8"	\$1,000.00			
10"	\$1,200.00		PHONE #:	
12"	\$1,400.00		EMAIL:	
I hereby cert	ify that the info	ormation listed	on this application, inc	luding billing information, is true and accurate.
	Signa	ture of Applican	t	Date

Please drop off the completed application at the Water & Sewer Maintenance Building located at **604 Hannah Ave, Traverse City, MI 49686**, OR email it to **jcrane@traversecitymi.gov**. After the application has been submitted, please schedule the service with Water & Sewer Maintenance. To schedule, or if you have any questions/concerns, please call (231) 922-4923 x 2.

Payment- Once the completed application is recieved, an invoice will be sent to the listed billing address. Please include billing contact information in case we have any questions for you. You can also pay by check instead. Please make checks payable to: City of Traverse City.