

CITY OF FAIRFIELD, OHIO

APPLICATION FOR SEWER TAPPER'S LICENSE AND WATER SERVICE LICENSE

NAME: _____

HOME ADDRESS: _____

PHONE NUMBER: [] _____

FAX NUMBER: [] _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: [] _____

FAX NUMBER: [] _____

LICENSE APPLIED FOR: [] Sewer Tapper's [] Water Service

I hereby make application for the license(s) as indicated above. The information presented here is correct and true to the best of my knowledge. I acknowledge that I have read and will comply with the City of Fairfield design, construction and materials specifications found in the Design, Construction and Materials Handbook adopted March 22, 2014.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE (For Office Use Only)

VERIFICATION INFORMATION:

	EFFECTIVE DATE	EXPIRATION DATE
[] \$5,000 Performance Bond	_____	_____
[] \$100,000 Liability Insurance	_____	_____
[] Workers' Compensation	_____	_____

FEE INFORMATION:

FEE PAID:	RECEIPT NUMBER
[] \$30.00 - Sewer Tapper's License	_____
[] \$30.00 - Water Service License	_____

LICENSE INFORMATION:

	DATE ISSUED	LICENSE NUMBER
Sewer Tapper's License	_____	_____
Water Service License	_____	_____

Renewal: [] Yes [] No