

CITY OF FAIRFIELD, OHIO

APPLICATION FOR SEWER SERVICE LICENSE AND WATER SERVICE LICENSE

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: [ ] \_\_\_\_\_

FAX NUMBER: [ ] \_\_\_\_\_

LICENSE APPLIED FOR: [ ] Sewer Service [ ] 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:	RECEIPT NUMBER
FEE PAID:	
[ ] \$30.00 - Sewer Service License	_____
[ ] \$30.00 - Water Service License	_____

LICENSE INFORMATION:	DATE ISSUED	LICENSE NUMBER
Sewer Service License	_____	_____
Water Service License	_____	_____
Renewal: [ ] Yes		[ ] No