

CITY OF GORDON

FEASIBILITY APPLICATION

<u>CITY USE ONLY</u>
Date Approved: _____
Service Classification: _____
Cost: _____
Work Order Number: _____
Eng. Update: _____
Account Number: _____
Service Inspection Date: _____

Please print below:

DATE _____

APPLICANT'S NAME _____

SUBDIVISION NAME _____

CURRENT BILLING ADDRESS:

FUTURE BILLING ADDRESS:

PHONE NUMBER Home (_____) _____ - _____ Work (_____) _____ - _____

EMAIL ADDRESS: _____

PROOF OF OWNERSHIP PROVIDED BY _____

DRIVER'S LICENSE NUMBER OF APPLICANT _____

LEGAL DESCRIPTION OF PROPERTY (Include name of road, subdivision with lot and block number)

PROPERTY SIZE/ACREAGE _____

SQUARE FOOTAGE OF RESIDENCE/STRUCTURE _____

NUMBER IN FAMILY _____

SPECIAL SERVICE NEEDS OF APPLICANT _____

NUMBER OF CONNECTIONS REQUESTED (STANDARD OR NON-STANDARD SERVICE: _____

APPLICANT SIGNATURE: _____

NOTE: FORM MUST BE COMPLETED BY APPLICANT ONLY. A MAP OF THE REQUESTED SERVICE LOCATION MUST BE ATTACHED.