Applica	ation to Modify V	Vater M	ains/Se	rvices
	(119 East Olin Avenue		dison Wat	
Madison Water Utility	Email applications to		www.madis	onwater.org
	Contact Information	. connocappine		ennatorierg
Applicant:				
Billing Address:	Address	City	State	ZIP
Phone:	_			
Onsite Contact Name:				
Phone:	_			
Email Address:				
	Property Information			
Legal description of the property to	be served:			
Address:				
Parcel #:				
	Project Information			
Material: Ductile Iron Copper	Please select one	of the following	options:	
Service Type: Live Tap Cu	ROW Permit	Permit #:		
Service Type: Live Tap Cut I	Development	Agreement		
Main Size: Lateral Size:				
Exact description of planned work:				
In order to determine a deposit amou The undersigned Property Owner and Contract comply with all applicable rules and regulations water supply system may result in disconnect deposit estimate and 3 business days' notice be	tor hereby make application to the City of s of the PSC of Wisconsin and Madison ion and/or citation according to MGO C	f Madison for the v Water Utility. Unau hapter 13. Please	vork described abov uthorized connectio allow 3 business c	ve and agree to ns to the public lays for review/
Applicant's Signature	Date			
Office Use Only:				
Approval Date/Initials	Amount Paid	PIV #	_	

Notice: Applications expire two years from date of approval. Refunds will not be issued after the expiration of the application.