

LIQUID WASTE PROGRAM • REQUEST FOR SERVICE

OFFICE USE ONLY

Plan Recvd: / /	By:	Data entry / /	By:	AR#:	INVC#:
Plans to Spec: / /	By:	Update / /	By:	Fee: \$	ON#:
<input type="checkbox"/> Test Drill (PE 4240) \$695.00	<input type="checkbox"/> Engineering Review (PE 4260) \$596.00	<input type="checkbox"/> Plot Plan Approval (PE 4255) \$99.50	<input type="checkbox"/> Consultation (PE 4265) \$199.00/hr. # of hours _____		
COMMENTS / ADMIN. INSTRUCTIONS:					

CUSTOMER FILL OUT AREAS BELOW

REQUESTING PARTY

Name:	Phone: ()
Address:	City: Zip:
<input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor <input type="checkbox"/> Consultant <input type="checkbox"/> Other: _____	

SITE INFORMATION Same as above

Property Owner name:	Phone: ()
Address:	City: Zip:
Cross street:	Subdivision:
APN#:	CBN#: LOT #:

RESPONSIBLE PARTY (BILLING) Requesting Party Property Owner If other, please specify below.

Name:	Phone: ()
Mailing Address:	City: Zip:

Plot Plan Approval: How would you like the plans returned?

Call for pick-up: () _____ - _____ Mail Plans to: _____

Test Drill / Site Evaluation: Date and time requested? _____

BILLING ACKNOWLEDGEMENT I, the undersigned property, business owner, or authorized agent of the same, acknowledge that all site and / or project specific hourly charges accrued by this Department will be billed to me or my business at an amount of \$193.00 per hour or fraction thereof.

Signature: _____ Print name: _____