



Sheridan Area Water Supply Joint Powers Board
APPLICATION FOR WATER SERVICE PERMIT

(Application shall be made for each tap requested)



ADDRESS OF PROPERTY TO BE SERVED:
Number Street City, WY ZIP

APPLICANT(s) (must be the legal owners of the property to be served or the duly-authorized agent):
First Name(s) Last Name(s)

MAILING ADDRESS: (If different than the address of the property served)
Number Street City State ZIP
Telephone: Fax: Mobile:
E-mail address:

LEGAL DESCRIPTION OF PROPERTY TO BE SERVED (attach exhibit as necessary):
Section Township Range
Subdivision Block Lot

CIRCLE SIZE OF TAP REQUESTED: 3/4 inch 1 inch 1 1/2 inch 2 inch 3 inch 4 inch 6 inch

CIRCLE THE PROPOSED USE: Residential Commercial Other

CIRCLE THE NUMBER OF DWELLING UNITS TO BE SERVED: 1 2 3 Other

WILL THE SERVICE LINE CROSS ANY PROPERTY LINES? CIRCLE YES NO

The Applicant hereby applies for a water service permit for the above described real property upon the following terms and conditions:

- 1. Domestic water service shall be provided only to the property described above.
2. The Applicant agrees to abide by all of the applicable rules; regulations and policies of the Joint Powers Board...
3. The Applicant agrees to fully pay the entire cost of extending water mains and/or service lines to his property...
4. This application is valid for a period of up to two (2) years from date of submittal...
5. If a permit is issued the Applicant understands and agrees that the above-stated terms and conditions shall be fully binding upon all water users and upon all owners and successors in interest of the described real property at all relevant times.

SIGNATURE(S):

DATE: WITNESS:

OFFICIAL USE ONLY
Date Received: Approved [] Denied []
Sheridan Area Water Supply Joint Powers Board Administrator Date Approved
Water Service Agreement Name: Irrigation system separate from SAWSJPB water supply required: Yes [] No []