



SITE NAME _____

APPLICATION FOR RECYCLED WATER SERVICE

IRRIGATION

INDUSTRIAL

AGRICULTURAL

Property Information	SITE NAME _____					
	SITE ADDRESS _____		CITY _____		ZIP _____	
	SITE MANAGER _____		PHONE _____	APN _____		SQUARE FOOTAGE _____

Site Owner	NAME _____					
	CONTACT NAME _____			TITLE _____		
	ADDRESS _____		CITY _____		STATE _____	ZIP _____
	PHONE _____		FAX _____		EMAIL _____	

Design Contact	DESIGNER _____					
	CONTACT NAME _____			TITLE _____		
	PHONE _____		FAX _____		EMAIL _____	

Site Supervisor	NAME _____		CERTIFICATION NUMBER _____			
	ORGANIZATION _____					
	ADDRESS _____		CITY _____		STATE _____	ZIP _____
	PHONE _____		FAX _____		EMAIL _____	

City Review	RETROFIT	NEW DEVELOPMENT	NUMBER OF WELLS _____	POTABLE	YES	NO
	OUTDOOR EATING AREAS/ PICNIC TABLES	YES	NO	DRINKING FOUNTAINS	YES	NO
	TOTAL IRRIGATED AREA _____	SQ/FT	METER SIZE _____			

City Use Only	SERVICE NUMBER _____	ISSUED BY _____	DUAL-PLUMBING	COOLING TOWER	
	APPROVED BY _____	DATE _____			
	SITE SUPERVISOR CERTIFICATION/ENROLLMENT VERIFIED (INITIAL) _____		<div style="border: 1px solid black; padding: 5px;"> SITE INFORMATION CHECKED BY: PLAN REVIEW INSPECTION PROGRAM </div>		
	DATABASE ENTRY COMPLETED BY _____				