

**City of LaFayette
Application For Sewer Service**

Date of Application: Day _____ Month _____ Year _____

Name: _____ Phone: _____

Address: _____

Describe in detail the location where service is needed.

Type of Service: Residential _____
Commercial _____
Industrial _____
Other _____

This is only an application for sewer service and can only be approved after investigation by sewer department personnel.

Applicant's Signature

Do not write below this line

_____ Sewer is available but may have to be pumped by the owner.

_____ Sewer is not available.

_____ Sewer is already on the property and owner should connect to existing service.

Comments:

Checked By Date

Assistant Sewer Director Date