



**APPLICATION FOR WATER/SEWER SERVICE TAPS**  
 CITY OF ANTIGO BUILDING INSPECTOR AND ZONING ADMINISTRATOR  
 700 EDISON STREET, ANTIGO, WISCONSIN 54409  
 PHONE: 715.623.3633 x134 Fax 715.627.7099  
[rmusolff@antigo-city.org](mailto:rmusolff@antigo-city.org)

**ALL INFORMATION MUST BE PRINTED AND LEGIBLE**

PERMIT # \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARCEL # \_\_\_\_\_ TYPE OF PERMIT: \_\_\_ WATER \_\_\_ SEWER

FOR (Owner) \_\_\_\_\_

COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LICENSE # \_\_\_\_\_

**GENERAL INFORMATION**

TYPE OF USE: \_\_\_ RESIDENTIAL \_\_\_ COMMERCIAL \_\_\_ INDUSTRIAL \_\_\_ PUBLIC AUTHORITY

**WATER SERVICE RECORD**

**SERVICE NUMBER** \_\_\_\_\_

I desire a supply of water from the Antigo Water and Sewer Utilities for the above listed premises. I also agree to comply with the Utility's rules now in force or hereafter made; the water to be furnished through a \_\_\_\_ inch connection, with \_\_\_\_ pipe.

**SEWER SERVICE RECORD**

**SERVICE NUMBER** \_\_\_\_\_

FEE: \_\_\_\$10

I desire sewer service from the Antigo Water & Sewer Utilities for the above listed premises. I also agree to comply with the Utility's rules now in force or hereafter made.

\_\_\_\_\_  
SIGNATURE OF PERMITEE

\_\_\_\_\_  
SIGNATURE OF INSPECTOR