



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

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