



<b>CONNECTION INFORMATION (TO BE COMPLETED BY MVWA)</b> Eng. Staff Initials: _____		
Water Service Address		City
Name of Development/ Subdivision		Other Location Description
Lot #		SWIS #
Print Key #		Tap: <input type="checkbox"/> New <input type="checkbox"/> Existing
Service Zone:		Static Pressure (psi):                      PRV Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Main Size: _____ Type: <input type="checkbox"/> DI <input type="checkbox"/> CI <input type="checkbox"/> Other		Distance building to main: _____ ft.   Ford Box: <input type="checkbox"/> Yes <input type="checkbox"/> No
Service Type: <input type="checkbox"/> Domestic <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Fire <input type="checkbox"/> Combined		Service Size: _____
Required Permits:		Excavator Insurance Exp. Date:
<b>METERS</b>		
Meter Type: <input type="checkbox"/> Displacement <input type="checkbox"/> Compound <input type="checkbox"/> Turbine <input type="checkbox"/> Combined <input type="checkbox"/> Ratio		Number of Meters    Meter Size
Meter Type: <input type="checkbox"/> Displacement <input type="checkbox"/> Compound <input type="checkbox"/> Turbine <input type="checkbox"/> Combined <input type="checkbox"/> Ratio		Number of Meters    Meter Size
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Meter Type: <input type="checkbox"/> Displacement <input type="checkbox"/> Compound <input type="checkbox"/> Turbine <input type="checkbox"/> Combined <input type="checkbox"/> Ratio		Number of Meters    Meter Size
<b>BACKFLOW DEVICE</b>		
BFP Req: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> Res. Dual Check		BFP Size:    Make:            Model:            Serial #:
BFP Req: <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> Res. Dual Check		BFP Size:    Make:            Model:            Serial #:
<b>CONNECTION FEES</b>		
Frontage Charge (Attach copy of Deed or Tax Map) _____ ft at \$ _____ per ft.		Amount
Building Water Charge: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ sq ft at \$ _____ per sq. ft.		Amount
Bacteriological Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Tap Charge:		Amount
Total Charges:		Amount Due
Paid By Check # _____ Credit Card Confirmation # _____		Approved By