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### SEWER SERVICE CONNECTION APPLICATION

I (we) the undersigned, do hereby, respectfully make application for connection to the City of Laingsburg municipal sewer system, in compliance with the City of Laingsburg sewer ordinances as amended.

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Address of Premises being connected: \_\_\_\_\_

Type of Premises to be served (see schedule "A"): \_\_\_\_\_

I. Quarterly user charge (A) or (B)

(A) Residential Rate .....\$75.00 (B) Residential Equivalent:

User Charge \$ 75 X Factor \_\_\_\_\_ X \_\_\_\_\_ Units = \$ \_\_\_\_\_

II. Connection Charge: (C) or (D)

(C) Residential Rate .....\$ 2,500.00 (D) Residential Equivalent:

Connection Charge \$2,500.00 X Units \_\_\_\_\_ X \_\_\_\_\_ Factor = \$ \_\_\_\_\_

(E) I (we) do hereby swear that the above information is correct, and I (we) will be responsible for all cost, liabilities, and permits needed, that I (we) shall incur for connecting the above stated premises to the Laingsburg municipal sewer system.

I (we) further agree to notify the City Department of Public Works 24 hours prior to excavation or connection to municipal sewer system.

#### **Connection Fee:**

Paid in Full .....Yes( ) No( ) Amount Received \$ \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant (s) Signature

\_\_\_\_\_  
Date

### **CERTIFICATE OF RESIDENTIAL EQUIVALENT**

This premises is hereby approved ( ), or denied ( ) for the above residential equivalent.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_