

## P.O. Box 178 • 114 Woodhull Street • Laingsburg, Michigan 48848-0178 Phone (517) 651-5374 • Fax (517) 651-5512

www.laingsburg.us

## 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 Premises being connected:    Type of Premises to be served (see schedule "A"):   | Address of Applicant:                            |  |
|---|--|--|
| Quarterly user charge (A) or (B)  | Address of Premises being conne                  | cted:  |
| Quarterly user charge (A) or (B)  |  |  |
| (A) Residential Rate\$75.00 (B) Residential Equivalent:  User Charge \$ 75 X Factor X Units = \$  | Гуре of Premises to be served (se                | ee schedule "A"):  |
| (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                     | (A) Residential Rate                             | \$75.00 (B) Residential Equivalent:  |
| 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: Signed: | (C) Residential Rate                             | .\$2,500.00 (D) Residential Equivalent:  |
| excavation or connection to municipal sewer system.  Connection Fee: Paid in FullYes( ) 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:   | for all cost, liabilities stated premises to the | s, and permits needed, that I (we) shall incur for connecting the above e Laingsburg municipal sewer system. |
| Paid in FullYes( ) 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: Signed:  |  |  |
| CERTIFICATE OF RESIDENTIAL EQUIVALENT This premises is hereby approved ( ), or denied ( ) for the above residential equivalent.  Date: Signed:  | Paid in FullYes(    )      No(<br>By             | Title  |
| This premises is hereby approved ( ), or denied ( ) for the above residential equivalent.  Date: Signed:  | Applicant (s) Signature                          | <br>Date   |
| Date: Signed:<br>Title:   |  |  |
| Title:  | Date:  | Signed:  |
|   | Title:   |  |