

# CITY OF FAIRFIELD, OHIO

## APPLICATION FOR SEWER TAPPER'S LICENSE AND WATER BRANCH SERVICE LICENSE

NAME AND \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: [ ] \_\_\_\_\_

FAX NUMBER: [ ] \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: [ ] \_\_\_\_\_

FAX NUMBER: [ ] \_\_\_\_\_

LICENSE APPLIED FOR: [ ] Sewer Tapper's

[ ] Water Branch Service

I hereby make application for the license(s) as indicated above. The information presented here is correct and true to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE (For Office Use Only)

### VERIFICATION INFORMATION:

	EFFECTIVE DATE	EXPIRATION DATE
[ ] \$5,000 Performance Bond	_____	_____
[ ] \$100,000 Liability Insurance	_____	_____
[ ] Workers' Compensation	_____	_____

### FEE INFORMATION:

FEE PAID:	RECEIPT NUMBER
[ ] \$30.00 - Sewer Tapper's License	_____
[ ] \$30.00 - Water Branch Service License	_____

### LICENSE INFORMATION:

	DATE ISSUED	LICENSE NUMBER
Sewer Tapper's License	_____	_____
Water Branch Service License	_____	_____

Renewal: [ ] Yes [ ] No