

Application for Water Service Connection

City of Madison Water Utility

119 East Olin Avenue ◆ Madison, WI 53713 ◆ 608-266-4646 www.madisonwater.org

Contact Information				
Property Owner (Applicant):				
Property Owner's Legal Address: Street Address		City	State	ZIP
Phone:		·		
Plumbing Contractor:				
Contractor Address:Street Address	s	City	State	ZIP
Onsite Contact Name:	Phone:	Email Address:		
Property Information				
Legal description of the property to	be served:			
Address:		Page #:	No. of units:	
Parcel #:	Lot #:	Addition:		
Property Description (check appropriate box):				
Apartments				
Water Service Information				
Exact use of requested water service	e (check all that appl	y):		
☐ Domestic ☐ Production	☐ Cooling Water	☐ Refrigeration ☐ O	ther: ———	
Is this a Fire Service? No	Yes - Private Hydrant	Yes - Sprinklers —		
Water service identification: Buildin	ng:	Material: Ductile Iron	☐ Copper ☐ P	EX / PVC (Circle One)
Main Size: — Lateral Size: —	Service Type:	☐ Live Tap ☐ Cut In	☐ Connect to	o Existing
A site utility plan or drawing must be	e submitted with this	application.		
The undersigned Property Owner and the F comply with all applicable rules and regularized connections to the public w General Ordinance Chapter 13. Please allo	ulations of the Public So ater supply system may	ervice Commission of Wisconsir result in disconnection and/or o	n and Madison W citation according	ater Utility. to Madison
Property Owner's Signature	Date	Master Plumber's Signature/Credential ID		Date
Office Use Only: Application # Book #	Account #	Approval Date/Initials Amo	ount Paid	PIV#