



**CITY OF STANWOOD  
APPLICATION FOR UTILITY SERVICES**

APPLICANT:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

LOCATION of property to be connected to City utilities:

Address: \_\_\_\_\_

\_\_\_\_\_

Tax ID: \_\_\_\_\_

Legal Description: \_\_\_\_\_

NO. OF CONNECTIONS: \_\_\_\_\_ Water \_\_\_\_\_ Sewer

Description of structure or development: (indicate type of land use, occupancy classifications and number of units)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach Vicinity Map and Site Plan

If an exception was granted by the City Council, on what date was it granted? (Attached copy of variance resolution)

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

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name and title