



CITY OF ELYRIA PUBLIC UTILITIES OFFICE

WATER SERVICE LINE PERMIT

New

Replacement

Date _____

Property Owner _____

Phone No _____

Address _____

Account No _____

Contractor _____

Phone No _____

Address _____

Phone No _____

Registration No _____

No of Rental Units _____

Owner-Occupant Single Family _____

Present No of Meters _____

No of Meters to be Added _____

Relocate Meters? Yes No If so Where? _____

The Public Utilities Office of the City of Elyria shall inspect and approve all connections and materials prior to backfilling.

Signature of Owner / Representative _____

If inspection is needed after hours or on Saturday a fee will be charged.

This application has been reviewed by the Public Utilities Office of the City of Elyria and permission is hereby granted to replace the water service line as specified above with the following corrections:

EPU Signature _____ Date _____