

CONTRACTOR APPLICATION

Application Date: _____ **Connection (wish) Date:** _____

Company Name: _____

Billing Address: _____

Contact person: _____ **Contact Phone Number:** _____

Project Name: _____ **Project Location:** _____

If multiple taps, this is # _____ **of** _____

To be filled out by Woodfin Water District Representative:

Payment Received: _____ **Tap**

_____ **System Reduction Fee**

_____ **Additional Fees**

Total Received: _____ **Receipt #** _____

Location called in: _____ **Tap In:** _____

Ready for Customer Connection: _____

Special Notes on Project: _____
