

Sheridan Sanitation District #2

PO Box 5460
Englewood, CO 80155
(303) 501-0901

SANITARY SEWER SERVICE CONNECTION REPAIR APPLICATION

DATE: _____

PROPERTY ADDRESS _____ CITY, STATE, ZIP _____

PROPERTY OWNER'S NAME _____ PHONE # _____

DESCRIPTION OF REPAIR _____

PLUMBER/PLUMBING COMPANY _____ PHONE # _____

COMPANY ADDRESS _____ CITY, STATE, ZIP _____

NOTICE OF CONNECTION

The applicant further agrees to notify the Sheridan Sanitation District #2 of the date of the proposed repair work and will allow a representative to inspect and approve the plumbing connection into the District's system before the work is covered. The applicant agrees to uncover the line should they fail to secure the inspection approval from a District representative.

Name of Applicant: _____

Present Address: _____

Phone Number: _____

Signature: _____

Return completed form to Jim Swanson (SSD#2 Manager & Engineer) at jim@jrsec.com

DISTRICT USE BELOW

Connection Inspection Date: _____ Inspected by: _____

(Approval to cover the lines is granted with approval of the inspection)

Application approval date: _____

Amount of payment received by SSD#2: \$ _____ SSD#2 Representative: _____