

# 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:** \_\_\_\_\_

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: \_\_\_\_\_