

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

## **Grayson Utilities Commission**

671 South State Highway 7 Grayson, Kentucky 41143 (606) 474-7569 or Fax (606) 474-2662



## **Application for New Utility Service**

I am hereby requesting the Gra	yson Utilities Commiss	ion install the following type	e(s) of Utility Services:	
Water: <b>O</b>	Sanitary Sewer:	0	Natural Gas: <b>O</b>	
The Commission's policy is to line 25 feet or the property line	_		extend the WATER or GAS service	
On New water service the Conbeyond the meter will be the $\underline{r}$			water meter. Any pressure problems	
The Commission's policy is to property line whichever distant	_	WER main line and extend t	he SEWER service line 13 feet or the	
All Tap Fees must be paid in f	ull and a security deposit	t made before the new tap w	ill be installed.	
The water meter can be install the Kentucky State Plumbing		out, before it can be a perman	nent service we must receive a copy of	
	plea	se select all that apply:		
Located within City Lim	its <b>O</b>	Commer	Commercial Property <b>O</b>	
Located outside City Lim	its <b>O</b>	Residential Property <b>O</b>		
Existing Structu	are <b>O</b>			
New Constructi	on <b>O</b>			
Please describe below in detail the closest neighbor and any s	•		on does not have an address please list	
Name of Person Applyi (please print	•	Telephone Number	Date	
	OFFICE DE	EPARTMENT USE ONLY		
Approved <b>O</b>	By:			
Disapproved <b>O</b> If Disapproved re	asons for disapproval		Date	
11				