

## **Grayson Utilities Commission**

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



## **Application for New Utility Service**

Application Date:		
I am hereby requesting the Gr	ayson Utilities Commission	in install the following type(s) of Utility Services:
Water:	Sanitary Sewer:	Natural Gas:
The Commission's policy is to 25 feet or the property line wh	=	TER or GAS main line and extend the WATER or GAS service line
On New water service the Commission agrees to provide 35 lbs of pressure at the water meter. Any pressure problems beyond the meter will be the <u>responsibility of the property owner</u> .		
The Commission's policy is to make the tap on the SEWER main line and extend the SEWER service line 13 feet or the property line whichever distance is closer.		
All Tap Fees must be paid in	full and a security deposit i	made before the new tap will be installed.
The water meter can be install Kentucky State Plumbing Insp		t, before it can be a permanent service we must receive a copy of the
	please	e select all that apply:
Located within City Lin	mits	Commercial Property
Located outside City Lin	mits	Residential Property
Existing Struct	ture	
New Construct	tion $\square$	
Please describe below in detail exactly where this service is to be located. If location does not have an address please list the closest neighbor and any specific landmarks and/or directions to the location.		
_		
Name of Person Apply (please prin		Telephone Number Date
	OFFICE DEF	PARTMENT USE ONLY
Approved	Ву:	
Disapproved	Dy.	Date
	easons for disapproval	
11		