

CITY OF ALGONA
200 Washington Blvd
Algona, WA 98001
(253) 833-2897



WATER SERVICE APPLICATION

Date		Permit #	
Service Type	<input type="checkbox"/> Single Family	<input type="checkbox"/> Duplex	<input type="checkbox"/> Commercial
Service Location			
Applicant Name		Phone #	
Street Address			
City/State/Zip			

***CUSTOMER MUST REQUEST THE WATER SERVICE BE INSTALLED AFTER SEWER APPROVAL.
INSTALLATION WILL BE DONE APPROXIMATELY TWO WEEKS AFTER REQUEST.***

AMOUNT PAID \$ _____ CK# _____ TR# _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

SEWER PERMIT # _____ DATE INSPECTED _____

METER INSTALLATION DATE _____ SIZE _____

METER SERIAL # _____ BRAND _____

METER BOOK PLACEMENT

BETWEEN _____ AND _____

IS THIS METER OFF? ☐ **YES** ☐ **NO** LOCKED? ☐ **YES** ☐ **NO**

INITIALS OF INSTALLERS _____