



# City of Tampa

## Department of Sanitary Sewers

### REQUEST FOR LINE EXTENSION

- SINGLE FAMILY     DUPLEX     PROPOSED     ADDITION  
 EXISTING     REPLACEMENT/CHANGE OF SERVICE

Proof of ownership is REQUIRED for proposed houses, e.g. – copy of deed or tax receipt

LEGAL DESCRIPTION OF PROJECT/DEVELOPMENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS OF PROPERTY/DEVELOPMENT \_\_\_\_\_

NEAREST INTERSECTION TO PROJECT \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
(Please Print)

OWNER'S MAILING ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

REPRESENTED BY \_\_\_\_\_  
(Please Print Name of Person Acting On Behalf of Owner, If Any)

COMPANY'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
(Please Print)

COMPANY'S ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(Owner/Representative)

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Processed By \_\_\_\_\_  
Map No. \_\_\_\_\_  
Fee Amount \$50.00  
Check No. \_\_\_\_\_

Service Request No. \_\_\_\_\_  
Atlas Page \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Payment Date \_\_\_\_\_