

CITY OF FRANKLIN
SEWER AVAILABILITY

Date of Request: _____ Time of Request: _____

Name of Owner: _____ Daytime Phone No. _____

Location (Exact location is required)

Number, Lot	Street/Road	Subdivision
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Type of Structure:

Single Family Dwelling Multiple Family Dwelling (Specify number of units) _____

Commercial Building Other (Explain on additional sheet)

Applicant Must Fill Out Top Portion Only!

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- Sewer Available
 - Sewer Available with Stipulations (See Comments)
 - Sewer Not Available (See Comments)

Signature of Field Representative Date: _____ Time: _____

Signature of City Engineer Date: _____ Time: _____

Comments:

(Attach additional sheets if necessary)

Note: There is a two day turn around policy for utility request. The City will provide the most accurate information to you as expeditiously as possible.