

CITY OF TROY WATER PERMIT APPLICATION

CONTRACTOR/HOMEOWNER NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP _____
PHONE: _____

1) MODEL: YES ___ NO ___

FROM DEMOLITION: YES ___ NO ___
ADDRESS (if yes) _____

LOT #: _____ ADDRESS: _____
SUBDIVISION: _____
SERVICE SIZE _____ METER SIZE _____
(IF DIFFERENT FROM STANDARD RESIDENTIAL 1" SERVICE 3/4" METER)

2) MODEL: YES ___ NO ___

FROM DEMOLITION: YES ___ NO ___
ADDRESS (if yes) _____

LOT #: _____ ADDRESS: _____
SUBDIVISION: _____
SERVICE SIZE _____ METER SIZE _____
(IF DIFFERENT FROM STANDARD RESIDENTIAL 1" SERVICE 3/4" METER)

3) MODEL: YES ___ NO ___

FROM DEMOLITION: YES ___ NO ___
ADDRESS (if yes) _____

LOT #: _____ ADDRESS: _____
SUBDIVISION: _____
SERVICE SIZE _____ METER SIZE _____
(IF DIFFERENT FROM STANDARD RESIDENTIAL 1" SERVICE 3/4" METER)

BILLING INFORMATION (FOR MODEL HOMES OR SPRINKLER ACCOUNTS)

NAME ON ACCOUNT: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

WATER DEPARTMENT: 248-524-3370
FAX: 248-524-3520