

DATE RECEIVED: _____
RECEIVED BY: _____

CITY OF LA GRANDE
UTILITY REQUEST FORM
ALL DATA IS TO BE COMPLETED BY APPLICANT

PLEASE RETURN THE COMPLETED FORM TO THE
PUBLIC WORKS DEPARTMENT
800 'X' AVENUE, LA GRANDE, OR 97850
OR FAX TO: (541) 963-3608
RESPONSE TIME IS 10 BUSINESS DAYS

APPLICANTS NAME: _____
MAILING ADDRESS OR FAX NO: _____
PHONE NUMBERS: HOME: _____ BUSINESS: _____ CELL PHONE: _____

PLEASE ATTACH A COPY OF THE ASSESSORS MAP WITH THE PROPERTY HIGHLIGHTED

PLEASE PROVIDE A LEGAL DESCRIPTION OF THE PROPERTY FOR WHICH SERVICE IS BEING REQUESTED

T _____ S _____ R _____ 38 _____ E _____ SECTION _____ TAX LOT _____
SUBDIVISION: _____ BLOCK _____ LOT(S) _____
STREET ADDRESS OF THE PROPERTY: _____

PROPOSED PROPERTY USE

PLEASE SELECT ONE OF THE FOLLOWING (TO BE COMPLETED BY APPLICANT)

RESIDENTIAL

NEW BUILDING <input type="checkbox"/>	SINGLE FAMILY <input type="checkbox"/>	MANUFACTURED HOME <input type="checkbox"/>
EXISTING BUILDING <input type="checkbox"/>	MULTIPLE FAMILY (DUPLEX - 2 UNITS) <input type="checkbox"/>	(LOCATION OTHER THAN EXISTING SUB-DIVISION) <input type="checkbox"/>
	MULTIPLE FAMILY (3 OR MORE UNITS) <input type="checkbox"/>	PARK <input type="checkbox"/>
		TEMPORARY USE <input type="checkbox"/>

COMMERCIAL

NEW BUILDING ☐
EXISTING BUILDING ☐

INDUSTRIAL

NEW BUILDING ☐
EXISTING BUILDING ☐

TYPE OF BUSINESS: _____
APPROXIMATE FLOOR AREA: _____ NUMBER OF PEOPLE TO BE SERVED: _____

NOTE: COMMERCIAL AND INDUSTRIAL USER MUST COMPLETE A DATA DISCLOSURE FORM. RESTAURANTS MUST COMPLETE AN EASTING ESTABLISHMENT FORM. THESE FORMS MAY BE OBTAINED AT THE PUBLIC WORKS DEPARTMENT (541) 962-1325.

EXISTING UTILITIES ON THE PROPERTY

WATER <input type="checkbox"/>	NONE <input type="checkbox"/>	WELL <input type="checkbox"/>	CITY <input type="checkbox"/>
SANITARY SEWER <input type="checkbox"/>	NONE <input type="checkbox"/>	SEPTIC TANK <input type="checkbox"/>	CITY <input type="checkbox"/>
STORM SEWER <input type="checkbox"/>	NONE <input type="checkbox"/>	DRY WELL <input type="checkbox"/>	CITY <input type="checkbox"/>

SERVICES REQUESTED

(PLEASE STATE THE SIZE OF THE SERVICE REQUESTED, INCHES IN DIAMETER.
IT IS THE RESPONSIBILITY OF THE APPLICANT TO DETERMINE THE REQUIRED SIZE)

WATER _____" DOMESTIC	_____ " IRRIGATION	_____ " FIRE
SEWER _____" SANITARY SERVICE	_____ " STORM SEWER SERVICE	

APPLICANTS SIGNATURE: _____ DATE: _____

ANY INFORMATION MISSING MAY DELAY THE RESPONSE OF YOUR REQUEST. RESPONSE TIME IS 10 BUSINESS DAYS.

PUBLIC WORKS STAFF USE ONLY

NEW SERVICE <input type="checkbox"/>	IS CUSTOMER OUT OF SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO
REPLACEMENT SERVICE <input type="checkbox"/>	IF YES, IS THIS AN EMERGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO

POSSIBLE PLANNING DEPARTMENT ISSUES: ☐ YES ☐ NO

FINANCE STAFF USE ONLY

PAYMENT/LID INFORMATION:

DOES THE PROPERTY HAVE ANY CURRENT LID LIENS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES TOTAL AMOUNT DUE	\$ _____
ARE THE LID PAYMENTS CURRENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF NO AMOUNT PAST DUE	\$ _____
<input type="checkbox"/> PLEASE CHECK IF APPLICANT HAS A BILLING ACCOUNT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IS IT PAST DUE, HOW MUCH?	\$ _____
<input type="checkbox"/> PLEASE CHECK IF ADDRESS HAS A BILLING ACCOUNT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IS IT PAST DUE, HOW MUCH?	\$ _____

Finance Staff Who Researched the Information: _____ DATE: _____