

**APPLICATION FOR PERMANENT TERMINATION OF
SANITARY SEWER SERVICE
ORDINANCE NO. 123, CHAPTER 18, PART 2, S21**

1. **DATE:** _____
2. **APPLICANT'S NAME:** _____
3. **ADDRESS:** _____

4. **TELEPHONE NO.:(_____) _____**
5. **LOCATION OF PROPERTY WHERE SEWER SERVICE IS TO BE TERMINATED:**

 - a. **ADDRESS:** _____

 - b. **TAX PARCEL NO.:** _____
6. **CONTRACTOR NAME & PHONE NO.:** _____
7. **REASON FOR TERMINATION OF SEWER SERVICE:**

8. **DATE SEWER SERVICE IS TO BE TERMINATED BY CAPPING OF LINE:**

9. **THE UNDERSIGNED APPLICANT AS OWNER OR DULY AUTHORIZED AGENT FOR OWNER CERTIFIES THE FOREGOING INFORMATION TO BE TRUE AND CORRECT AND FURTHER CERTIFIES:**
 - a. **The property for which sewer service is to be terminated will no longer be occupied for purposes requiring sanitary sewer services; and,**
 - b. **The property has been vacated and the building thereon boarded, locked or demolished.**

SIGNATURE OF APPLICANT _____
BY _____

FEE \$100.00 (Make check payable to B.R.S.A) DATE PAID: _____

CAPPING AND INSPECTION: DATE COMPLETED: _____