



VILLAGE OF LAKEVIEW
315 E. LINCOLN AVENUE / P.O. BOX 30

LAKEVIEW, MICHIGAN 48850

MONTCALM COUNTY

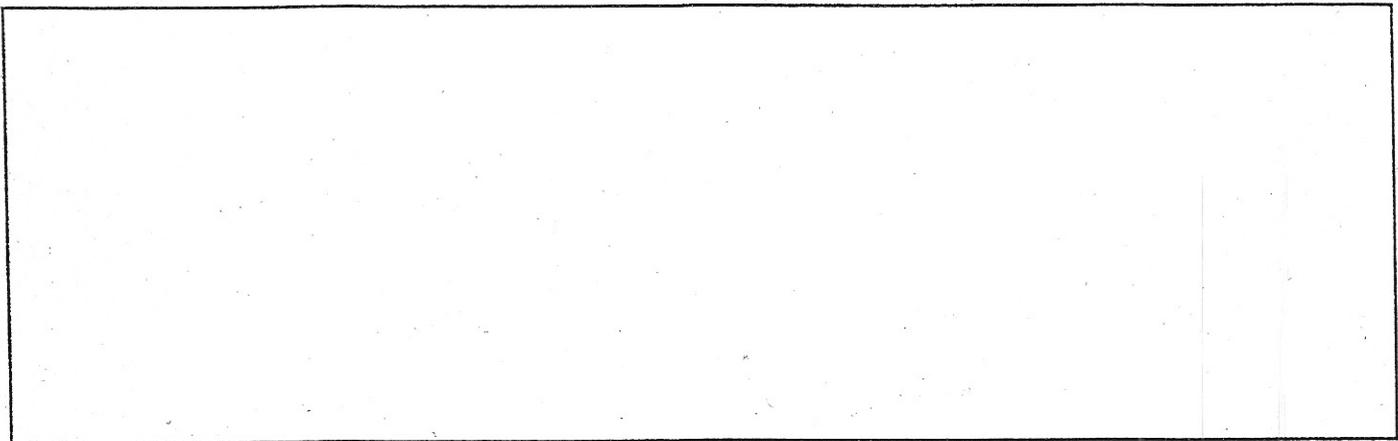
(517) 352-6322

APPLICATION FOR UTILITIES WATER, SEWER, STORM SEWER

Owners Name _____	UTILITY APPLYING FOR;	SERVICE LOCATION;
Owners Address _____	Water _____	(Street name and number)
_____	Sewer _____	_____
Owners phone _____	Storm _____	_____
Applicants Name _____	New _____	
Applicants Address _____	Replacement _____	Line Size Requested
Applicants Phone _____		_____

Intended Use: Residential, Commercial, Industrial.
 Fire Protection _____, Lawn sprinklers _____, Pool _____, Photo Processing _____, High Pressure Boiler _____
 Do you currently have a well or septic tank? _____ Will these be disconnected? _____
 Date you would like service installed _____. Name of Installation Contractor _____

SKETCH; SHOWING DESIRED LOCATION OF SERVICE, STREET AND PROPERTY LOCATION



I hereby agree to conform with all provisions of the ordinances of the Village of Lakeview and regulations of the State of Michigan.

Signature of Applicant _____ Date _____

FOR VILLAGE USE ONLY: APPROVED / DENIED

Water:

Service size _____ Service Type _____ Long service _____ Short service _____

Main size _____ Main Type _____ Meter Size _____ Meter Type _____ Remote _____

Sanitary / Storm sewer: Service size _____ Type _____ Long service _____ Short service _____

Installation Date _____

Fees Required: Water _____ Sanitary _____ Storm _____ Other _____

TOTAL _____ Authorizing Signature _____ Date _____