



FREMONT Michigan

"NOW AND ALWAYS -- A Fine City • A Great Community"

101 E Main – Fremont, MI 49412

Telephone # (231)924-2101 Fax # (231)924-2888

Verify
Any "SPECIAL ASSESSMENTS HELD IN ABAYANCE"
Sheridan / or / Dayton Townships

APPLICATION FOR WATER/SEWER CONNECTION

PLEASE PRINT CUSTOMER INFORMATION

Customer Name: _____
Address: _____ Box # _____
City/State/Zip: _____
Phone number: _____
Property Tax ID: 62- _____ - _____ - _____

PLEASE PRINT BILLING INFORMATION (if the same leave blank)

Bill to Name: _____
Address: _____ Box # _____
City/State/Zip: _____

SERVICE INFORMATION (check all that apply)

*Up to a 1" meter is included in this price (\$1500). Anything over 1" meter, need to get price from Water Supervisor.

____ Request **Water Service** Connection (\$1,500 fee)
____ Request **Sewer Service** Connection (\$1,500 fee)

PROPERTY INFORMATION

Is this property owner-occupied? _____
If rented, owner to provide name and telephone number of current renter.

Renter Information:

Renter Name: _____
Address: _____ Box # _____
City/State/Zip: _____
Phone: _____

I make this application for water/sewer hook-up with the understanding that I must comply to the best of my ability to the City of Fremont's Water and Sewer Ordinances, and that I will be accountable under the fines and penalties of the ordinance for any tampering to the water or sewer system.

Dated: _____ Signature: _____

*Up to a 1" meter is included in this price (\$1500). Anything over 1" meter, need to get price from Water Supervisor.

TO BE COMPLETE BY PLUMBER(S)

Name: _____
Address: _____ Box # _____
City/State/Zip _____
Phone: _____ Certification/License Number _____

I certify all connections to the **City Water System** have been made in accordance to the Laws of the State of Michigan, the State Plumbing code, and the City of Fremont Water Ordinance. Wells left in service have been properly disconnected from the treated water supply of the City of Fremont (no cross connections exist). Proper backflow prevention is in place. In addition, all well piping (the flow path) has been properly color coded and tagged.

Signature: _____ Dated: _____

Name: _____
Address: _____ Box # _____
City/State/Zip _____
Phone: _____ Certification/License Number _____

I certify all connections to the **City Sewer System** have been made in accordance to the Laws of the State of Michigan, the State Plumbing code, and the City of Fremont Sewer Ordinance. Proper backflow prevention is in place.

Signature: _____ Dated: _____

WELL INFORMATION:

Is well to remain in service (circle on) Yes No If **yes**, complete the following:

No cross connections exist between the City system and the well? Yes No

Is piping properly color coded and tagged, so the flow path can be followed? Yes No

If well is to be abandoned, is the well properly capped and sealed Yes No

Inspection of **WATER** connection: Passed Failed (Inspectors Initials _____)

Inspection of **SEWER** connection: Passed Failed (Inspectors Initials _____)

Comments: _____

Water Connection/Inspection Fee of \$1,500.00
(TF) 591-000.000-646.000

Date Paid _____ Added to Bill _____

Sewer Connection/Inspection Fee of \$1,500.00
(TF) 590-000.000-653.000

Date Paid _____ Added to Bill _____