ATTENTION NEW CUSTOMERS:
ALL COMMERCIAL BUILDINGS MUST PASS INSPECTION
BEFORE WATER SERVICE CAN BE CONNECTED

Date: _____

FOR OFFICE USE ONLY

Date _____ Deposit # _____

Amount $ _____

Customer # _____

Legal Description _____

Water Dept.

Name: _____
first mi last

Spouse Name: _____
first mi last

Place of Employment _____ Phone number _____

Name of Business: _____

Service Address: _____

Mailing Address: _____

Do you own the property? Yes _____ No _____ (*If No* - Owner's Name) _____

Are you Tax Exempt? Yes _____ No _____ Tax # _____

Home Phone# _____ Business# _____

Drivers Lic.# _____ Is above information to be kept confidential? Y_____ N____

Contact Person: _____ Phone# _____

The City of Pittsburg offers Automatic Bank Draft Service. If you are interested, please check box. ☐

Signature _____

****

Historical Dept.

Reviewed by Main Street Coordinator: _____ Date Approved: _____
Signature

Is Property in Historic District? Yes _____ No _____ Received Historic Application For Change: (Initial) _____

Notes: _____

****

Inspection Dept.

Reviewed by Building Inspector: _____
Signature

Plumbing _____ Date _____ Passed _____ Failed _____

Electrical _____ Date _____ Passed _____ Failed _____

Structure _____ Date _____ Passed _____ Failed _____

CERTIFICATE OF OCCUPANCY ISSUED

Date _____