

**STEPHENS REGIONAL SPECIAL UTILITY DISTRICT
PROSPECTIVE SERVICE & FEASIBILITY APPLICATION
FOR STANDARD SINGLE RESIDENTIAL SERVICE**

Please Print: FEASIBILITY FEE: \$150.00 DATE PAID: _____ CHECK NO.: _____ CASH: _____

DATE _____

APPLICANT'S NAME _____ CO-APPLICANT'S NAME _____

CURRENT ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER – Home _____ Work _____ Cell _____

PROOF OF OWNERSHIP PROVIDED BY _____

LEGAL DESCRIPTION OF PROPERTY (Include name of road, subdivision with lot and block number)

ACREAGE _____ HOUSEHOLD/DWELLING SIZE _____

NUMBER IN FAMILY _____ LIVESTOCK & NUMBER _____

TYPE OR CLASSIFICATION OF USE: RESIDENTIAL COMMERCIAL NON-STANDARD USE

SPECIAL SERVICE NEEDS OF APPLICANT _____

ADDITIONAL NOTES: _____

CHANGES IN SERVICE CLASSIFICATION:

THIS FEASIBILITY APPLICATION REQUEST WILL BE CONSIDERED FOR APPROVAL BASED ON ONE STANDARD SINGLE FAMILY RESIDENTIAL SERVICE. SHOULD THIS REQUEST BE APPROVED, ANY CHANGES TO THE CUSTOMERS FACILITIES FROM RESIDENTIAL TO ANY OTHER CLASSIFICATION AND/OR ANY CHANGE IN THE NUMBER OF USERS, OR CHANGE IN WATER DEMAND OR USE OCCURS; OR THE PROPERTY BECOMES A DEVELOPMENTAL PROPERTY OF ANY NATURE SUCH AS A SUBDIVISION, SUBDIVIDES INTO SMALLER TRACTS, LOTS, RANCHETTES, OR THE PROPERTY IS OTHERWISE DIVIDED FOR SALE OR OWNERSHIP, OR THE WATER DEMANDS CHANGE FROM THOSE ORIGINALLY APPLIED FOR TO A DIFFERENT SERVICE CLASSIFICATION, THE APPLICANT, ITS GRANTORS, SUCCESSORS, ASSIGNS, HERIS, AND/OR LEGAL REPRESENTATIVES SHALL IMMEDIATELY REAPPLY FOR SERVICE UNDER THE NON-STANDARD SERVICE SECTION OF THE DISTRICT'S SERVICE POLICY (SECTION E.4. OF THE DISTRICT'S SERVICE POLICY) AS A MATTER OF COURSE OR IF NOT, SHALL DO SO UPON THE REQUEST OF THE DISTRICT. CHANGES IN CLASSIFICATIONS OF SERVICE MAY BE DEPENDENT UPON SERVICE AVAILABILITY AND THE APPLICANT MAY BE SUBJECT TO ADDITIONAL COSTS FOR SERVICE AS A RESULT OF THE CHANGE IN CLASSIFICATION.

NOTES:

FOR NON-STANDARD FEASIBILITY REQUEST AND SERVICE APPLICATIONS PLEASE CONTACT THE OFFICE.

THIS FORM MUST BE COMPLETED AND SIGNED BY APPLICANT ONLY. A MAP OF REQUESTED SERVICE LOCATION MUST BE ATTACHED.

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

White, Not of Hispanic Origin Black, Not of Hispanic Origin American Indian or Alaskan Native Hispanic Asian or Pacific Islander Other (Specify) Male Female

EQUAL OPPORTUNITY PROGRAM

Stephens Regional SUD Is an equal opportunity provider and employer

APPLICANT SIGNATURE - _____

DATE _____