

CITY OF FRANKLIN
WATER AVAILABILITY & LOCATION VERIFICATION

Date of Request: _____ Time of Request: _____

Name of Owner: _____ Phone Number: _____

Location (Exact location is required)

Number, Lot	Street/Road	Subdivision
-------------	-------------	-------------

Type of Structure:

Single Family Dwelling Multiple Family Dwelling (specify # of units) _____

Commercial Building Other (Explain on an additional sheet)

Applicant is to Fill Out Top Portion Only!

Water Available

Water Available with Stipulations (See Comments Below)

Water Not Available (See Comments Below)

Refer to Simpson County Water District

Signature of Superintendent/Designee	Date	Time
--------------------------------------	------	------

Comments:

Provide a sketch of water lines on lot. This is to prevent a building being built over any utility lines.