VILLAGE OF SLINGER
WATER SERVICE APPLICATION
300 SLINGER ROAD
SLINGER WI 53086
262-644-5265/262-644-6341 (FAX)

48 HOURS NOTICE IS REQUIRED

$75 FEE WILL BE CHARGED FOR EACH REVISIT

OPENING/CLOSING OF CURB-BOX BY UTILITY ONLY

WATER METERS MUST BE SET BEFORE OCCUPANCY

Date: _____

Project Address: _____

Customer Name: _____

Billing Address: _____

Plumber's Phone Number: _____

Type of Service: _____ Residential _____ Commercial _____ Industrial

Water Lateral Size _____ ¾" _____1" _____1 ¼" _____1 ½" _____ 2"

Meter Installation:

Circle Location of Meter: Basement 1st Floor 2nd Floor

Size of Meter: _____3/4" _____1" _____1 ¼" _____ 1 ½" _____ 2"

Requested Installation Date: _____
Time:_____AM _____PM

**********FOR OFFICE USE**********

Date Received:

Conditions For Water Meter

☐ Operation of Valve

☐ Location/Elevation By:

Copied and given to Utility Clerk for entry on_____ by: _____

I:\FORMS\building inspection forms\waterservice app.doc