CITY OF EDINBURG
SEWER CONNECTION APPLICATION

DATE: _____ ADDRESS: _____

SUBDIVISION: _____ LOT _____ BLK _____

COMPANY NAME _____ PHONE # _____

SIZE OF SEWER LINE: _____ SIZE OF SEWER TAP: _____

FOR OFFICE USE ONLY

APROVED BY: _____
Systems Division

WERE SEWER LINES SPOTTED: YES NO
IS BORING REQUIRED: YES NO
IS STREET CUT REQUIRED: YES NO

APPROVED BY: _____
Public Works Department

WATER SERVICES PROVIDED BY: EDINBURG NORTH ALAMO SHARYLAND