



Application Form for Sewer Service Locating

By signing this form, I am the property owner or owners representative and give consent for a sewer service locate at the address below. I understand this request will be granted and scheduled after a non-refundable **\$75.00** fee has been paid to the **City of Charlotte, 5100 Brookshire Boulevard, Charlotte, NC 28216**. Once payment has been confirmed, the Field Operations Division will proceed with locating the sewer connection and will confirm if a connection exists and its location.

The City of Charlotte will not be liable for any damages that occur in the process of completing this request. This completed form must be attached with your payment.

Once payment is received, our goal is to complete the investigation within 30-days. If you have questions regarding the location of this service after completion, please contact Eric Jones (in Field Operations) at 704-432-1545

Please complete the following:

Customer Name: _____

Service Address: _____

Tax Parcel Number: _____

Phone Number: _____

Nearest Cross Street: _____

Signature: _____ **Date:** _____

If the contact information is different from above, please write in below:

The below is for office use (Service Order S18):

Customer #: _____ Premise #: _____ Map #: _____

