# CITY OF FRANKLIN
## WATER AVAILABILITY

Date of Request: _____ Time of Request: _____

Name of Owner: _____ Daytime Phone No. _____

Location (Exact location is required)

_____

Number, Lot Street/Road Subdivision

**Type of Structure:**

Single Family Dwelling ☐ Multiple Family Dwelling ☐ (Specify number of units)_____

Commercial Building ☐ Other ☐ (Explain on additional sheet)

---

Applicant Must Fill Out Top Portion Only!

☐ Water Available
☐ Water Available with Stipulations (See Comments)
☐ Water Not Available (See Comments)
☐ Refer To County Water District

_____ Date: _____ Time:_____
Signature of Field Representative

_____ Date: _____ Time: _____
Signature of City Engineer

Comments:

_____
_____
_____
_____
_____
_____
_____

(Attach additional sheets if necessary)

**Note: There is a two day turn around policy for utility request. The City will provide the most accurate information to you as expeditiously as possible.**