



## NOTIFICATION FORM FOR HOOK-UP

Service Address: \_\_\_\_\_

PIN#: \_\_\_\_\_

OWNER OF RECORD INFORMATION	BILLING ADDRESS
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

LICENSED PLUMBER INFORMATION	CONNECTION TYPE
Contractor: _____	<b>WATER</b> <input type="checkbox"/> COPPER                      DATE _____ <input type="checkbox"/> OTHER:  <b>SEWER</b> <input type="checkbox"/> CAST IRON                      DATE _____ <input type="checkbox"/> CLAY <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER:
Address: _____	
Contractor License# _____	
Expiration Date: _____	

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CITY INSPECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**( OFFICE USE ONLY ) CITY OF RED WING UTILITITES DIVISION ( OFFICE USE ONLY )**

METER NUMBER: _____	ECR NUMBER: _____
METER READING: _____	METER SIZE: _____
ACCOUNT NUMBER: _____	ISSUED BY: _____
READING SEQUENCE NUMBER: _____	DATE ISSUED: _____

Revised : 1/1/2010

Community Development Building  
419 Bush St. Red Wing, MN 55066  
Phone: (651) 385-3623  
Fax: (651) 385-0554