

**APPLICATION FOR PERMIT TO CONNECT TO THE WATER AND SEWER SYSTEM OF THE
KIELER SANITARY DISTRICT NO. 1 OF THE TOWN OF JAMESTOWN, GRANT COUNTY,
WISCONSIN**

APPLICATION BY: _____ DATE: _____

(OWNERS MAILING ADDRESS) _____

As owner of the premises described below for a Permit from the Sanitary District to connect to the Water & Sewer System of said Sanitary District and that said Owner hereby agrees to comply with all of the requirements of said Sanitary District and that the appropriate connection charge or portion thereof as stated below accompanies this application.

Premise to be served is located at _____

New House

Please provide House #

Provide any additional description such as parcel # if available.

SIGNED BY: _____ DATE: _____

WATER CONNECTION FEE \$ _____

SEWER CONNECTION FEE \$ 2,000.00

KIELER SANITARY DISTRICT NO 1 BY _____

SECRETARY

This application must be filled in duplicate with the Secretary of Kieler Town Sanitary District. Said application is not accepted until a Connection permit is issued.

CONNECTION PERMIT

Kieler Sanitary District No 1 of the Town of Jamestown, Grant County, Wisconsin, hereby grants a permit to connect to the Water and Sewer systems of the Sanitary District for the premises described in the above to: _____

KIELER SANITARY DISTRICT NO 1 BY: _____

SECRETARY

DATED: _____