

BUILDER'S EXPRESS

Application for Utility Services

ROCKY MOUNT
DEVELOPMENT SERVICES
THE CENTER OF IT ALL



Date Service is Needed:		Today's Date:	
Name for Utilities:			
Street Address:			
Contact Person:		Telephone Number:	
Email Address:			
Builder Name/Company:			
Builder Address:			
City:	State:	Zip Code:	Daytime Telephone:
Services Needed (check all that apply): ___ Electric ___ Gas ___ Water ___ Sewer			
Check all items needed: ___ Temporary Pole ___ Gas Line ___ Sewer Tap ___ Water (domestic or irrigation)			
Water Meter 3/4" ___ 1" ___	Water Tap ___		Meter Box ___

Comments/Special Instructions: _____

Builder's Signature: _____ Date: _____

Note: To avoid delay in processing, please review the entire Builder's Express Packet for further required documentation and instructions.

(Do not write below this line. For office use only.)

Date Received by Engineering: _____	Engineering Representative: _____
Date Received by Customer Service: _____	Customer Service Rep.: _____
Customer Number: _____ Account Number: _____	
S/O #s: _____ Deposit Paid: _____ Staff Initials _____	

Revised 12/19