



**COMMERCIAL/INDUSTRIAL TAP APPLICATION
SUPPLEMENTAL INFORMATION FORM**

Date:

Name of Business:

Mailing address:

Email:

Facility Location (Address and Subdivision Block and Lot #):

Individual responsible for operation:

Individual providing information:

Size of tap requested:

Describe your business activity:

List principal products or services:

Describe all planned types of water use in and around the proposed building:

Projected water use:

Average monthly (June-September): _____ gallons/month

Average monthly (October-May): _____ gallons/month

Maximum day: _____ gallons/day

Peak meter flow required: _____ gallons/minute

Does your activity involve the following:

Water use for processing of goods?

If yes, are there any chemical or hazardous materials associated with the processing of the goods?