

**ALBEMARLE COUNTY SERVICE AUTHORITY
APPLICATION FOR UNDERGROUND IRRIGATION SYSTEM SERVICE**

DATE OF APPLICATION: _____

INCLUDE SKETCH OF SYSTEM DESIGN WITH APPLICATION. INDICATE PREFERRED METER LOCATION AND FLOW RATES FOR ALL ZONES.

PROPERTY OWNER

NAME:			
BILLING ADDRESS		SERVICE ADDRESS/LOCATION	
STREET:		STREET:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
		SUBDIVISION:	
		LOT NUMBER:	
TELEPHONE: WORK: ()		HOME: ()	

CONTRACTOR INFORMATION

NAME:	
ADDRESS:	
TELEPHONE: WORK: () MOBILE: ()	

SYSTEM INFORMATION

DESIRED DATE OF SERVICE:	
AFFILIATED ACSA ACCOUNT NUMBER:	
RANGE OF FLOW (GALLONS PER MINUTE)	
MINIMUM:	MAXIMUM:
BACKFLOW PLUMBING PERMIT	
NUMBER:	DATE ISSUED:

ESTIMATE (FOR ACSA USE)

FORWARDED		
To:	DATE:	DUE DATE:
METER SIZE:		
INSTALLATION COST:		
METER COST:		
BUCK MOUNTAIN SURCHARGE:		
TOTAL COST:		
ESTIMATE PROVIDED TO:		
DATE:	TIME:	
COMMENTS:		