

**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: | | |
| TOTAL COST: | | |
| ESTIMATE PROVIDED TO: | | |
| DATE: | TIME: | |
| COMMENTS: | | |