



Brainerd Public Utilities
 8027 Highland Scenic Rd
 P.O. Box 373
 Brainerd, MN 56401-0373
 Phone (218) 829-2193
 Fax (218) 829-2308

**WATER
 SERVICE APPLICATION
 COMMERCIAL**

Service Address _____

Builder _____ Phone (____) _____

Plumber _____ Phone (____) _____

Estimated Completion Date ____/____/20____

Commercial/Industrial – Future Business Name _____

New Construction/Existing Building _____

Tapping Size _____ Connection Size _____ Meter Size _____

City# _____ Serial# _____

* All Commercial Water Meters 1 1/2 inch and larger shall be plumbed with a full
 by –Pass Line using paddle lockable ball valves.

Have connection fee's (WAC & SAC) been paid at City Hall? _____ Initials _____

Fire Line: Yes No Sprinkling Meter: Yes No Serial Number _____

Bill To: _____ Phone (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Water Service – On – In Service _____ **Date** ____/____/____ **Initials** _____

Off – Out of Service _____ **Date** ____/____/____ **Initials** _____

* Water in & out of service by BPU personnel only! *

THE UNDERSIGNED ACKNOWLEDGES THAT THE ABOVE INFORMATION IS CORRECT AND THAT ALL WORK IS DONE IN COMPLIANCE WITH BPU'S WATER SERVICE RULES AND REGULATIONS. ANY EXCEPTIONS MUST BE PREAPPROVED.

Signature _____ **Date** ____/____/20____

FOR OFFICE USE

INSTALLATION FEE \$ _____	PROJECT # _____
TAPPING FEE \$ _____	WORK ORDER # _____
METER FEE Y/N \$ _____ CITY # _____ SERIAL # _____	INST DATE ____/____/____
REMOTE METER Y/N _____ INST DATE ____/____/____	
TOTAL \$ _____	CURB STOP _____

COPIES TO: BILLING WATER SUPERVISOR WATER CREW CHIEF METER TECH DISPATCHER