

Request for Will Serve Letter

Date: _____

Name of Property Owner: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ FAX: (____) _____

Email: _____

Property Information

Legal Description _____
(Include Section, Township and Range)

Property Address: _____

City: _____ State: _____ ZIP: _____

Number of Acres: _____ Planned Use: ___ Residential ___ Commercial ___ Industrial

Number of Taps Anticipated: _____ Construction Schedule: _____

Property is presently included in the District (subject to property tax levy) ___ yes ___ no

Letter Addressee Information

This Will Serve letter needs to be sent to: (if different than above)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ Email: _____

Please Email, mail or fax this completed request to: **St. Vrain Sanitation District**
11307 Business Park Circle Firestone, CO 80504 or FAX to (303) 485-1968
www.stsan.com

(Allow 7-10 days for your request to be processed)