



NOTIFICATION FORM FOR HOOK-UP

Service Address: _____ PIN#: _____

PROPERTY OWNER OF RECORD INFORMATION	BILLING ADDRESS FOR WATER BILL
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

LICENSED PLUMBER INFORMATION	CONNECTION TYPE
Contractor: _____	WATER <input type="checkbox"/> COPPER <input type="checkbox"/> PLASTIC <input type="checkbox"/> GALV.
Address: _____	SEWER <input type="checkbox"/> CAST IRON <input type="checkbox"/> CLAY <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER:
Contractor License #: _____	METER SIZ <input type="checkbox"/> 5/8" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> Other
Expiration Date: _____	METER TYPE: RES _____ COM _____ IRRG _____

DEDUCT IRRIGATION METERS ARE NOT ALLOWED

COMMENTS _____

CITY INSPECTOR: _____ DATE: _____

(OFFICE USE ONLY) CITY OF RED WING UTILITITES DIVISION (OFFICE USE ONLY)	
METER NUMBER: _____	ECR NUMBER: _____
METER READING: _____	METER SIZE: _____
ACCOUNT NUMBER: _____	ISSUED BY: _____
READING SEQUENCE NUMBER: _____	DATE ISSUED: _____

Community Development
419 Bush St
Red Wing, MN 55066
Phone:(651) 385-3623
Fax:(651) 388-4782

Revised: 8/31/2022