

UTILITY VERIFICATION FORM

This form along with a sketch showing the location of the item(s) to be constructed, with measurements to the lot lines, must be provided to the *Department of Public Utilities - 618 South 2nd Street, Virginia, MN 55792*. **Incomplete forms will not be processed.**

REQUESTED BY (Name)	
PROPERTY ADDRESS	
LEGAL DESCRIPTION OF PROPERTY (OPTIONAL):	
TYPE OF CONSTRUCTION TO BE PERFORMED:	
HEIGHT OF ITEM TO BE CONSTRUCTED:	
IS A VARIANCE REQUIRED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHEN COMPLETED, I WOULD LIKE TO (please check one):	<input type="checkbox"/> Have the form sent to City Hall, Engineer's Office <input type="checkbox"/> Be notified so I may pick up completed form

SIGNATURE OF PROPERTY OWNER: _____

DATE: _____ **DAYTIME PHONE NUMBER:** _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

<u>LOCATION OF UTILITIES</u>	
1. STEAM	_____
WATER:	_____
GAS:	_____
ELECTRIC:	_____
	(Overhead or Underground)
Services verified by:	_____
	Department of Public Utilities
2. SANITARY SEWER	_____
Services verified by:	_____
	City Engineering Department