



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**

**Acct #** \_\_\_\_\_

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: \_\_\_\_\_

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			
<b>Water Service – On – In Service</b>	Date ____/____/20____	Initials _____	Work Order _____
	<b>Off – Out of Service Date</b> ____/____/20____	Initials _____	Work Order _____
INSTALLATION FEE \$ _____	PROJECT # _____		
TAPPING FEE \$ _____	CITY # _____ SERIAL # _____	INST DATE ____/____/20____	
METER FEE Y/N \$ _____	REMOTE METER Y/N _____	INST DATE ____/____/20____	
<b>TOTAL</b> \$ _____	CURB STOP location _____		
COPIES TO: <input type="checkbox"/> Biller <input type="checkbox"/> Water Supervisor <input type="checkbox"/> Dispatcher			