



EL OSO WATER SUPPLY CORPORATION

4098 South Hwy 181
Kenedy, TX 78119
830-583-3543
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www.elosowater.com

SERVICE INVESTIGATION STUDY / ENGINEER METER APPROVAL FOR STANDARED SERVICE REQUEST

Application Number: _____

I, _____ am requesting an estimate to service the following property with water service from El Oso WSC / Fashing Peggy WSC, a non-profit, member-owned water supplier. This review consists of computer modeling to determine the impact on the system and any recommended system upgrade with cost estimate, if applicable. It is conducted by our serving Engineer of Record.

Physical Meter Location: _____

(Include plat for meter location)

Requester's Name: _____

Requester's Phone #: _____

Requester's Email: _____

Mailing Address: _____

Processing Fee: **\$125.00 Non-Refundable**

Fee will be used to complete an engineering study to determine water availability and develop an estimate for water service or to re-establish service.

Engineering Study is normally completed within 15 business days and is used as a basis to develop the estimate to provide water service to the property. The estimate will be emailed or a telephone consultation is available upon request. () Please call me with an estimate). The estimate and water availability report will expire 30 days after the member receives the estimate. If the applicant does not secure service within the 30 days from the date the estimate was presented to them, an additional \$125.00 fee will need to be initiated unless the applicant calls and is granted an extension. Extensions will be given in thirty (30) day increments as long as the applicant calls prior to the old estimate expiring. When an application extension is granted, cost increase can be added to the estimate.

I, the undersigned, understand the contents of this request and attest that the property to which this study is applicable is not part of a division of property.

Requester's Signature

Date

El Oso WSC Representative

Office Personnel Initials: _____

Payment Form: Check # _____ MO# _____

Cash: _____ CC _____

To Be Completed by Office Personnel:

DATE AND TIME ESTIMATE WAS PRESENTED: _____/_____/_____

METHOD: Email or Phone

Name of Person Presented to: _____

FOR OFFICE PERSONNEL ONLY:

Initials

Extension granted on _____ and will expire on _____ ()

Extension granted on _____ and will expire on _____ ()

Extension granted on _____ and will expire on _____ ()

Extension granted on _____ and will expire on _____ ()

*This Institution is an Equal Opportunity Provider.
Esta institución es un proveedor de servicios con igualdad de oportunidades.*