

Jacksonville Water Department
PO Box 99
Jacksonville, OH 45740
(740) 767-2400
water@jacksonvilleoh.com



APPLICATION FOR WATER TAP

Date of Request: _____

Location: _____

Side Of: _____

Between: _____

Size of Ferrule: _____ Inches

Owner: _____

Address: _____

Plumber: _____

Installation notes:

Accepted by:

Approved by:

Water Clerk

Mayor

Balance due: \$ _____