



TRIUNFO SANITATION DISTRICT

A PUBLIC AGENCY

SEWER IMPROVEMENT WORKSHEET

Please check all that apply:

Date: _____

- Residential - Single Family Dwelling Commercial Remodel/Improvement
- Residential- Multi Family Dwelling New Connection (Will Serve Letter issued by appointment only)

Type or print the following information:

Property Address: _____

APN: _____ Tract No.: _____ Lot No. _____

Property Owner Name: _____ Phone: _____

Property Owner Address: _____

Requestor's Name: _____ Phone: _____

Requestor's Address: _____

E-mail Address: _____

For Remodels (Tenant Improvements) please provide the following additional information:

Plan Check No.: _____ Plan Checker Name: _____

Plan Checker E-mail: _____ Plan Checker Phone No.: _____

Brief Description of Improvement or Project (Please include plans if project involves plumbing changes):

All applicable fees must be paid prior to the issuance of the Will Serve Letter.

Please return completed form via email to TSDSewer@VRSD.com. For further information please call (805) 658-4690.

THIS SECTION FOR OFFICE USE ONLY	
Reviewed for fees:	Date:

Rev (9/18/2017)