



CAPITAL IMPROVEMENT FEE ESTIMATE

Please Print or Type

Customer Last Name:	First Name:	
Business Name:		
Service Street Address:		
City:	State:	Zip:

Customer Mailing Address (if different from Service Address)

Street Address:		
City:	State:	Zip:
Best Phone Contact:		
Email Address:		

Requested By First Name:	Last Name:
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Facility Type

- Single Family Residence
- Commercial/Retail

If Commercial provide the best description. The Service Specialist will contact you for more information if necessary
Example 1: A beauty salon approximately 800 square feet with 3 work stations all with their own sink
Example 2: A business office for a real estate company 1200 square feet with 1 bathroom/sink/toilet
Example 3: A pizza restaurant with a seating capacity of 32, 3-compartment sink and dishwasher

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