**PORT O’CONNOR IMPROVEMENT DISTRICT**



 **SERVICE INQUIRY**

|  |
| --- |
| **DATE ISSUED TO DATE COMPLETED** |
| **CUSTOMER PHONE**  |
| **ADDRESS** |
| **LOT BLK** |
| **DESCRIPTION OF PROPERTY** |
| **SEWER WATER** |
|  |
| **EXTENTION YES OR NO** |
| **NOTES**  |

DIAGRAM OF LINES ON CCAD MAP ATTACHED