

**WILDERNESS PUBLIC SERVICE DISTRICT
MAIN LINE EXTENSION APPLICATION
Estimate Request - Residential**

Applicant's Name: _____ Phone No: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address of Extension Location: _____

Existing Structure? Yes No Mobile Home? Yes No
New Construction? Yes No

Permanent Residence: _____ or Vacation/Seasonal Home: _____

Certified Septic: Yes No

Date: _____ 20 _____

Applicant's Signature: _____

PLEASE PROVIDE MAP OF EXTENSION LOCATION WITH STRUCTURE LOCATION MARKED
PLEASE PROVIDE PROOF OF CERTIFIED SEPTIC SYSTEM