

DATE \_\_\_\_\_

DOWNERS GROVE SANITARY DISTRICT  
2710 CURTISS STREET  
DOWNERS GROVE, ILLINOIS 60515  
(630) 969-0664

SANITARY SEWER SERVICE REQUEST

Location \_\_\_\_\_

Legal Description Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

\_\_\_\_\_ P.I.N. \_\_\_\_\_

Name of Owner on Deed \_\_\_\_\_ Phone No. \_\_\_\_\_

Developer \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of Person Making Request \_\_\_\_\_ Phone No. \_\_\_\_\_

E mail: \_\_\_\_\_

Address (we will be sending information regarding this request; please be sure address is legible)

This Applicant's Interest in This Property \_\_\_\_\_  
(Owner/Developer/Beneficiary Land Trust, etc.)

Number of Acres Involved \_\_\_\_\_ Present Zoning \_\_\_\_\_ Proposed Zoning \_\_\_\_\_

Is the Property (A) Improved \_\_\_\_\_ (B) Vacant \_\_\_\_\_

(A) If Improved, Describe Improvements \_\_\_\_\_

Number & Type of Units \_\_\_\_\_

(B) If Vacant or Additional Improvements or Remodeling Are Proposed, Describe \_\_\_\_\_

\_\_\_\_\_ Number & Type of Units \_\_\_\_\_

Estimated Starting Date of Project \_\_\_\_\_

If You Propose to Annex to a Community, Which One \_\_\_\_\_

**NOTE:** If this request is for

- a multiple family development, indicate the number of units for each bedroom count.
- a restaurant, indicate the seating capacity and hours of operation. If drive-up is proposed, give the number of orders per day.
- a commercial project, indicate the floor area.
- an office/warehouse or light manufacturing development, indicate the floor area.
- an office/research development, indicate the floor area and number of employees.
- commercial/industrial buildings(s), provide an estimate of wastewater flow in gallons per day

**\*\*SERVICE REQUEST APPROVALS ARE VALID FOR SIX MONTHS\*\***