

REQUEST FOR SERVICES SEWAGE SYSTEM DESIGN

Tower Designs, Inc.
P.O. Box 2022
Leavenworth, WA 98826
509-548-4496
zach@towerdesigns.com

Design (cost depends on
complexity of system and size,
see fee schedule for approximate
cost)

In order to perform your design accurately, the following information is necessary before the work can be scheduled. Please complete this form and [email](#) or mail it to the address listed above with the site plan and plat map.

Billing Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Property Information

County: _____

Assessor Parcel #: _____

Legal Description (Lot, Subdivision): _____

Property Street Address: _____

Directions: _____

Type of Use

Residential

Number of bedrooms: _____

Commercial

Describe use: _____

Source of Drinking Water

Private well

Surface water

Public Source

System name: _____

Please attach a site plan showing property lines, existing and proposed buildings, driveways, wells, neighbors wells (if known), and all other improvements that are planned for the property. If a plat map of the property is available, please include this. The preferred location for the tanks and drainfield should be indicated also.

I agree to pay Tower Designs, Inc. the fee (from the fee schedule) for the design as soon as the work is completed and invoices are presented for payment.

Name

Date

Notes: