

**SEWERAGE ESTIMATE REQUEST FORM
DEPARTMENT OF ENGINEERING**

**DELIVER COMPLETED FORM TO 1221 ELMWOOD PARK BLVD
SUITE 801 JEFFERSON LA 70123 OR**

**EMAIL COMPLETED FORM TO JWASSERMANN@JEFFPARISH.NET –
(A CURRENT SURVEY WILL BE REQUIRED) THIS FORM MUST BE
COMPLETELY FILLED OUT**

DATE _____

ADDRESS OF ESTIMATE _____

LOT # _____ **SQ. #** _____ **SUB.** _____

REQUESTED BY _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

PHONE _____

REASON FOR REQUEST _____

STANDING IN STREET FACING HOUSE, INSTALL HOUSE CONNECTION ON:

LEFT _____ **RIGHT** _____ **MIDDLE** _____ **LOOK FOR STAKE** _____

MEET APPLICANT ON JOB SITE _____ **CALL TO SET TIME** _____

COMMENTS _____

----- DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY -----
REQUEST NO. _____

UNIT SHEET MAP# _____

REQUEST TAKEN BY _____ **APPROVED** _____

(SEE ATTACHMENT)