



COLUMBIA

IRRIGATION DISTRICT

Irrigation Service Application

Name		Date	
Street Address		Phone	
City, State Zip		Email	

Application Details

Type of Application:	New Service	Service Change	Private System Conversion to CID	Is the service currently on a private system?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Current Service Location: (Skip this section for new services)

Proposed Service Location:

(By signing the form, I agree to follow all CID policies and applicable connection fees.)

Signature		Date	
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Staff Comments

Verification of Review

Field Review Signature		Date	
Manager Review Signature		Date	
Engineer Review Signature		Date	
Approval Signature		Date	