



**CITY OF ELOY  
PUBLIC WORKS  
INFORMATION REQUEST FOR UTILITIES**

DATE: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant is: (Circle one) - Contractor - Architect/Engineer - Owner - Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Assessor Parcel # (APN): \_\_\_\_\_ Owner: \_\_\_\_\_

Physical Address of Property: \_\_\_\_\_

Please provide a brief description of utility information requested. Check all that apply.

Water \_\_\_\_\_ Sewer \_\_\_\_\_

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**Please contact The City of Eloy Community Development Department for any questions related to land/ permitted uses/zoning at (520-466-2578). Thank you.**

\_\_\_\_\_  
*For Office Use Only*

**WATER/WASTEWATER(employee initials)** \_\_\_\_\_

NOTES: \_\_\_\_\_

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RECEIVED BY: \_\_\_\_\_