



Department of Public Works  
**UTILITY INFORMATION REQUEST FORM**  
Please allow minimum 24 hours response time.

Name: \_\_\_\_\_  
Property \_\_\_\_\_  
Location: \_\_\_\_\_  
Parcel ID #        -        -        -        -        -        -        .  
(if available): \_\_\_\_\_  
Phone #:        -        -        \_\_\_\_\_

**Information Requested:**

- Sanitary Sewer Location
  - Manhole Location
  - Depth of Pipe (may not be possible)
  - Size of Pipe
  
- Water Main Location
  - Size of Pipe
  
- Storm Sewer Location
  - Manhole Location
  - Depth of Pipe (may not be possible)
  - Size of Pipe

**Additional Comments:**

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**BY SUBMITTING SUCH REQUEST, I ACKNOWLEDGE AND AGREE THAT THE CITY OF EDWARDSVILLE WILL NOT BE HELD RESPONSIBLE FOR ANY INFORMATION THAT MAY BE INACCURATE. THE INFORMATION PROVIDED IS A COMPILATION OF DATA, SOME OF WHICH IS FURNISHED BY OTHERS, AND SOME OF WHICH WAS EXTRACTED FROM OLDER RECORDS OF UNPROVEN ACCURACY. WHILE IT IS BELIEVED TO BE THE MOST RELIABLE INFORMATION AVAILABLE, THE CITY OF EDWARDSVILLE OFFERS NO GUARANTEE OF ITS PRECISION OR COMPLETENESS. I UNDERSTAND THAT AS THE USER OF UNPROVEN INFORMATION I SHOULD FIELD VERIFY ALL DATA PROVIDED BY THE CITY OF EDWARDSVILLE AND SUBMIT ANY UPDATED AND CORRECTED INFORMATION WHERE FOUND.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**