

## **Self Lay Mains Scheme**

NS/

ESW Ref:

of Essex & Suffolk Water.

ESW office use only

Date form received at Developer Services:

Print Name:

Company:

## **Request to Complete Service Connections**

This form must be returned to ESW allowing ten working days notice of the intention to carry out service connections

Please return your form to <a href="mailto:selflaysouth@eswater.co.uk">selflaysouth@eswater.co.uk</a> or alternatively post to: Developer Services, P O Box 969, Chelmsford, Essex, CM2 0XL

Date Sent to ESW:			Date Mains Vested:			
Self Lay Organisation:						
Site Contact Name:						
Contact telephone Number:		ımber:				
Site Address:						
Plot Number	Conr	ate nection inned	Water Regulations Inspection approved?	Payment Received	Can connection be completed?	Date approval given to SLO
SLO to complete		ete	ESW to complete			
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I confirm that the above connections are proposed and will not be carried out without the approval

Signature:

Date: