Plymouth Water Department
Water Fixture Survey for the
Determination of Line and Meter Size

Office Use Only
Size
Meter
Completed

Date _____

Service Address	Tap Bill / Contact (if different from Applicant) Contact
Lot Number	Address
Applicant	
Phone	Phone

Type of Building ____ _ Single Residential _____ __ Multi-Residential
_____ _ Commercial _____ __ Industrial

If Commercial or Industrial, Nature of Use _____

Desired Location of Tap _____

Type of Fixture	Total Fixtures
Bathtub	
Lavatory	
* Shower	
Laundry	
Sink Kitchen	
w/Tray	
Service	
Water Closet Flush Tank	
Flushometer	
Urinal	
Bidet	
Drinking Fountain	
Lawn Sprinkler, Other Uses or Specific Flow/Pressure Needs	Describe Requirements
*Shower over tub counts	as tub only