



Duckett Creek Sanitary District

3550 Highway K • O'Fallon, Missouri 63368-8384

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APPLICATION FOR LETTER OF AUTHORIZATION (DCSD form #107-Sewer Extension)

1. Name of Project _____

2. Location of Project _____

3. Constructed Under Construction Permit No. _____

4. Owner Name _____ Phone _____

Address _____

5. Operating Name _____ Phone _____

Authority Address _____

6. Brief Description _____

7. Certification: I, the project engineer on the above described facilities, hereby certify that I have inspected these facilities and find them to be constructed essentially in accordance with the approved plans and specifications, and recommend their acceptance and approval by the Duckett Creek Sanitary District.

(Project Engineer's Signature)

(Date)

I certify that I am familiar with the information contained in the application, that to the best of my knowledge and belief, such information is true, complete and accurate, and if granted this Letter of Authorization, I agree to abide by all rules, regulations, orders and decisions of the Duckett Creek Sanitary District.

Applicant's Signature (owner or his legally
authorized representative)

(Date)

Note: A filing fee is NOT required for a Letter of Authorization.