



Licensed Location Authorization for Access Agreement

Application

Company name: _____

Company alphanumeric designation for licensed location: _____ APN: _____

Project location (nearest street address/cross streets): _____

GIS or GPS coordinates of licensed location: _____

Map showing location of installation attached

Location:

City-owned property

Public right-of-way

Technical description of installation/site work: _____

Name of company doing installation/site work: _____

Proposed start and finish date of installation work: _____

Location for (check all boxes that apply to the Licensed Location):

Groundwater monitoring well

Drilling soil borings

Taking soil samples

Taking groundwater samples

Other _____

Applicant	Name _____ Company _____
	Address _____ City _____
	State _____ ZIP _____ Phone () _____ Email _____
Contact Person	Name _____ Company _____
	Address _____ City _____
	State _____ ZIP _____ Phone () _____ Email _____
	Fax () _____ Alternate Phone () _____

Applicant Signature

Print Name

For Office Use Only									
PWPM#									
Accepted by									
Date									