

### DYE TEST PAYMENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO. \_\_\_\_\_ (Home)  
\_\_\_\_\_ (Work)  
\_\_\_\_\_ (Cell)

PLUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO. \_\_\_\_\_ (Home)  
\_\_\_\_\_ (Work)  
\_\_\_\_\_ (Cell)

DYE TEST FEE: \$350.00

DATE PAID: \_\_\_\_\_

Closing Date: _____ Not Established: _____
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\* FOR OFFICIAL USE ONLY \*

DYE TEST NO. \_\_\_\_\_ - \_\_\_\_\_

COPY TO SEWER DEPT.: \_\_\_\_\_

NOTES: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_