



**WEST SIDE WATER SYSTEM**

3209 West Michigan Avenue  
 Lansing, Michigan 48917-2921  
 (517) 485-5470 Fax (517) 371-4818

**Contractor Approval Application**

Company Information			
Company Name			Year Established
Company Address			
City	State	Zip	Contact Name
Phone	Fax		Contact Email
24hr Emergency Contact	Emergency Contact Phone	Tax ID #/License #	
References			
Name	Company	Address	Phone

Completed Projects	
Please list three recently finished projects	
Include name of project, owner contact and work involved	Municipality

All applicants are responsible for obtaining the West Side Water Supply System Rules and Regulations for Water Service and are required to adhere to all of the Departments System Specifications requirements. Failure to follow these requirements may result in contractor disqualification. **A non-refundable one time application review fee of \$200.00 must be paid at the time of application submittal.**

The undersigned hereby certifies that the information contained herein is true, under penalty of application denial, approval suspension and/or revocation. The undersigned further agrees that, if granted approval to perform work within the West Side Water Supply System, the contractor shall at all times meet all standards of the Department and all Michigan Department of Environmental Quality minimum standards and shall accept all responsibility for any and all subcontractors operating under their control.

Authorized Applicant Name \_\_\_\_\_

Authorized Applicant Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Would you like your company name listed on the West Side Water website as an Approved Contractor? YES \_\_\_\_\_ NO \_\_\_\_\_

**Do Not Write Below This Line**

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References called YES \_\_\_\_\_ NO \_\_\_\_\_

Contractor's license in good standing YES \_\_\_\_\_ NO \_\_\_\_\_

Application complete YES \_\_\_\_\_ NO \_\_\_\_\_

Contractor Approved YES \_\_\_\_\_ NO \_\_\_\_\_

Contractor Called YES \_\_\_\_\_ NO \_\_\_\_\_

Contractor Listed on WSW website YES \_\_\_\_\_ NO \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_