



CITY OF KINGMAN
ENGINEERING DEPARTMENT

DFU COUNT FORM

310 N. 4th Street, Kingman, AZ 86401 Phone: (928) 753-8122 Fax: (928) 753-8118

SEWER DFU COUNT FORM

Property Address: _____ APN: _____

Applicant: _____ Email: _____

Fixture	# Fixtures	# DFUs/ea.	Total DFU's
Water Closet (s)	<input type="checkbox"/>	2	<input type="checkbox"/>
Lavatory (ises)	<input type="checkbox"/>	1	<input type="checkbox"/>
Kitchen Sink (s)	<input type="checkbox"/>	2	<input type="checkbox"/>
Clothes Washer (s)	<input type="checkbox"/>	2	<input type="checkbox"/>
Utility/Bar Sink (s)	<input type="checkbox"/>	2	<input type="checkbox"/>
Shower (s)	<input type="checkbox"/>	2	<input type="checkbox"/>
Bath Tub (s)	<input type="checkbox"/>	2	<input type="checkbox"/>
Spa Tub (s)	<input type="checkbox"/>	2	<input type="checkbox"/>
Water Softener	<input type="checkbox"/>	2	<input type="checkbox"/>
RV Dump	<input type="checkbox"/>	2	<input type="checkbox"/>
Total DFU's			<input type="checkbox"/>
Total Sewer Investment Fee:			

Please submit a floor plan & relevant information showing the fixtures locations.

I declare under penalty of perjury, under the laws of the State of Arizona that all statements contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any questions may be grounds for denial.

Owners Signature: _____ Date: _____

Mailing Address: _____ Phone: _____