

## Request for Availability of Sewer Service (RASS) Form

1. Download the RASS form to your computer.
2. Open the RASS form in Adobe Reader or Adobe Pro
3. Fill in the RASS Form:
  - a. **Building Permit #** - If the number is known, fill it in. If not, skip this line.
  - b. **Street Address** – Include House Number, Street Name and Suffix (Ave., Ct., Rd., St., etc.). **REQUIRED.**
  - c. **Municipality** – use the pick box provided to choose what county/city/township/village of Hamilton County your project is in. **REQUIRED.**
  - d. **Auditor's Parcel Number** - Fill in the number. The numbers will follow this format: XXX-XXXX-XXXX or with the leading zero, 0XXX-XXXX-XXXX. To find a parcel number, use the link to the Hamilton County Auditor's website provided in the Proposed Development Site section for your use. If you click the box, it will automatically open up your default internet program to the Hamilton County Auditor's Website. **REQUIRED.**
  - e. **Current/prior land use** – Explain what was/is there. Include capacity numbers. For example, if a house was (or still is) on the lot, then write 1 Single Family Residence. If it was/is a restaurant, then write down the number of seats that were in said restaurant. Look in the Proposed Development section for the numbers pertinent to the different selections.
  - f. **Proposed Renovation** – Explain what will be built. Provide pertinent information that is not explained in the Proposed Development section. Zoning type is not pertinent, nor is the number of people living in a Single Family Residence.
  - g. **Proposed Development** – Click on the pick box next to applicable choice(s) and fill in all corresponding information.
  - h. **Describe yourself** – Click on Owner, Developer, Engineer, etc. to explain how you relate to the project.
  - i. **Fill in Contact Information** – Person to receive the response letter from MSD
    - i. Printed Name - **REQUIRED**
    - ii. Mailing Address – include House Number, Street Name and Suffix - **REQUIRED**
    - iii. Apt./Suite # - Apartment or Suite number, if applicable
    - iv. City/State/Zip – **REQUIRED**
    - v. Date – Date turned in to MSD
    - vi. Phone – **REQUIRED**
    - vii. Email – **REQUIRED**
- \* **SUGGESTION:** Create a template with Contact Information filled out and save to your computer.
- j. Save the file, preferably as the address of the request. **DO NOT PRINT TO PDF.**
- k. Email file using the SUBMIT button if you are using Outlook. If not using Outlook, the SUBMIT button will NOT work.
- l. If using another email program, you will have to save the file, **DO NOT PRINT TO PDF**, then email it as an attachment through your email service to [MSDAvailability@cincinnati-oh.gov](mailto:MSDAvailability@cincinnati-oh.gov).
- m. Direct any questions or concerns to [MSDAvailability@cincinnati-oh.gov](mailto:MSDAvailability@cincinnati-oh.gov).