



SEWER/WATER TAP APPLICATION

WATER () NO () Provided by _____ **SEWER ()** **BOTH ()**

* (if Tri-County see note below)

Date of Application _____ **Requested Date of Service** _____

Name of Applicant _____ **Owner () Developer () Other ()**

Name of Owner _____ **Phone number** _____

Address _____ **City, State, Zip** _____

LOCATION OF TAP (STREET ADDRESS) _____

LEGAL DESCRIPTION _____

SPECIFICS OF TAP REQUEST:

Will water be connected to either of the following: () Boiler () Irrigation System

Inside City Limits Yes () No ()

Residential () Commercial () Multi-Family () Irrigation ()

Number Of Units _____

Description Of Commercial Use: _____

Meter Size	
3/4	()
1	()
1 1/2	()
2	()
3	()
4	()
6	()

REQUIREMENTS OF APPLICATION

	Required	Received			
Plan of property to be served **attach**	()	()			
Copy of <u>recorded</u> property deed	()	()			
Water System Improvement Fee \$ _____	()	() R# _____	I# _____	Date _____	
Water tapping fee \$ _____	()	() R# _____	I# _____	Date _____	
Surcharge \$ _____	()	() R# _____	I# _____	Date _____	
Sewer System Improvement Fee \$ _____	()	() R# _____	I# _____	Date _____	
Unit Fees (sewer/water) \$ _____	()	() R# _____	I# _____	Date _____	
Signed Annexation Agreement _____	()	()			
Special Conditions _____	()	()			

I/We hereby certify that the above information is correct. I/We understand that although I/We have submitted the application and fees, the City must be in receipt of all of the above specified requirements prior to approval of this request for utility service. If said requirements are not met, or service is not available to the above referenced property, the City may void the application and related agreement (if applicable) and refund the tendered fees without further obligation.

****Owner (s) Signature** _____ **Date** _____

_____ **Date** _____

REVIEW OF APPLICATION

Ability to Serve () **Receipt of Requirements ()**

Conditions of approval or reason for disapproval _____

Planning _____ **Date** _____ **Building** _____ **Date** _____

Approved () Disapproved () Utilities Director _____ **Date** _____

* Please fax application to 249-8277 for any new sewer service where Tri-County Water is the water provider.

The City of Delta does not discriminate in its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, marital or family status.

