

TOWN OF WEAVERVILLE
WATER DEPARTMENT
APPLICATION FOR A NEW WATER TAP AND SERVICE CONNECTION
SINGLE FAMILY HOMES ONLY
(ALL OTHER SERVICE REQUIRES A COMMITMENT LETTER)

APPLICANT INFORMATION

NAME: _____ DATE: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ DAYTIME PHONE NUMBER: _____

SERVICE INFORMATION

PHYSICAL LOCATION WHERE SERVICE IS REQUESTED: _____

PLEASE GIVE DIRECTIONS TO THE PHYSICAL LOCATION OF THE PROJECT:

I UNDERSTAND THAT ALL APPLICABLE TAP AND DEPLETION FEES MUST BEE PAID WITHIN 30 DAYS OF APPROVAL OF THIS APPLICATION.

APPLICANT'S SIGNATURE: _____

(WATER DEPARTMENT USE ONLY)

IS WATER SERVICE AVAILABLE TO THIS LOCATION? YES _____ NO _____

COMMENTS: _____

IS A COMMITMENT OR ADVISORY LETTER REQUIRED? YES _____ NO _____

IS APPLICANT REQUIRED TO PAY A TAP FEE? YES _____ NO _____

IS APPLICATE REQUIRED TO PAY DEPLETION FEE? YES _____ NO _____

WATER DEPARTMENT REVIEWERS INITIALS: _____ DATE: _____

(BILLING OFFICE USE ONLY)

HAS APPLICANT BEEN INVOICED FOR SERVICE? YES _____ NO _____

PAYMENT RECORD: PAYMENT DATE: _____ PAYMENT AMOUNT: _____

DATE WORK ORDER WAS SENT TO WATER DEPARTMENT? _____

BILLING OFFICE REVIEWERS INITIALS: _____