

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: _____

SERVICE INFORMATION

PHYSICAL LOCATION WHERE SERVICE IS REQUESTED: _____

PLEASE GIVE DETAILED DIRECTIONS TO THE PHYSICAL ADDRESS OF PROPERTY TO BE SERVED:

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

APPLICANTS 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 APPLICANT 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: _____ AMOUNT _____
DATE WORK ORDER WAS SENT TO WATER DEPARTMENT: _____
BILLING OFFICE REVIEWERS INITIALS: _____