

CITY OF CRYSTAL CITY
APPLICATION FOR WATER TAP & SEWER TAP

SELECT BY USING AN "X" OR BOTH

☐ **Water Tap**

☐ **Sewer Tap**

CIRCLE ONE: CITY LIMITS OR OUTSIDE CITY LIMITS

ADDRESS: _____ LOT/BLOCK _____

OWNER'S NAME: _____

PHONE #: _____

HAS THERE EVER BEEN WATER OR SEWER SERVICES IN THIS LOCATION BEFORE?
YES OR NO

PROPOSED USE: ☐ RESIDENTIAL ☐ COMMERCIAL

EXPLAIN BELOW THE PRUPOSE FOR OBTAINING A WATER OR SEWER TAP:

OFFICE USE ONLY**

APPROVED

NOT APPROVED

WATER TAP _____ SIZE _____

WATER TAP _____

SEWER TAP _____

SEWER TAP _____

FEE FOR WATER TAP: \$ _____

FEE FOR SEWER TAP: \$ _____

LOCATION REVIEWED BY: _____

SIGNATURE

DATE