WATER AND SEWER TAP APPLICATION

City of Lindale
105 Ballard Dr.
Lindale, TX 75771
Phone: 903-882-6861 Fax: 903-881-8170
Email: communitydevelopment@lindaletx.gov

Permit # _____

Project Information

Service Location: _____ Bldg._____ Suite _____ Lot ____ Block _____

Contractor/Owner Name: _____Phone: _____

Billing Address: _____

Email: _____ ☐ New Construction ☐ Existing Structure with New Taps Req'd,

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Type of Tap (Check all that apply) ☐ Residential ☐ Commercial ☐ Industrial ☐ Fire Line / ☐ Fire Hydrant ☐ Estimate Only

Location: ☐ Inside City Limits ☐ Outside City Limits **Water Provider:** ☐ **City** ☐ **Lindale Rural** ☐**Crystal**

WATER TAP: ☐ OR **IRRIGATION/SPRINKLER SYSTEM:** ☐ **Date Made:** _____

(Check all that apply)

☐ 5/8 x 3/4" Meter and Tap	☐ 3" Meter and Tap	☐ Road Bore
☐ 1" Meter and Tap	☐ 4" Meter and Tap	☐ Meter only Size:_____
☐ 2" Meter and Tap	☐ 6" Meter and Tap	☐Other _____
	☐ 8" Meter and Tap	

Meter # _____ Reading _____ Book: _____

ID# _____ Rollover Digit: 5 ☐ 6 ☐

Reading Multiplier: 10 ☐ 100 ☐ 1000 ☐ Other: _____

Water Tap _____ AMR Meter_____ Total Amount: _____

**All Irrigation/Sprinkler Meters require Backflow form. ☐ Backflow Required if other reason: _____

Place Stickers here:

METER STICKER	ID STICKER

SEWER TAP SIZE: (Check all that apply) **Date Made:** _____

☐ Standard Sewer Tap	☐ 8" Sewer Tap	☐ Road Bore
☐ 6" Sewer Tap	☐ 8"Sewer Tap with Manhole	Book: _____
☐ 6" Sewer Tap with Manhole	☐ Sewer Grease Tap: _____	
☐ **City** ☐ **Lindale Rural** ☐**Crystal**	☐ Other: _____	Amount: _____

Please allow a minimum of 5 working days for tap fees to be quoted. Applicant shall be responsible for all tap charges. This is an estimate. Actual cost may vary and will be determined after completion. Unpaid balance will be billed to applicant. Estimated charges shall be paid prior to tap construction. You must activate an account with Utility Billing 903-882-3422 and deposit must be paid of $100.00 for inside or $150.00 for outside the city limits before services can be turned on. Please allow a minimum of 15 working days to complete the work once the work order has been generated. I have read and understand these terms: NOTE: If not filled out completely, it will not be processed.

Applicant Signature:_____**Date**:_____

OFFICE USE ONLY----------

Proposed By: _____ Date_____ Total Amount: _____

Installed By: _____ Date_____

Revised 1.17.2025