



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,

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)

<input type="checkbox"/> 5/8 x 3/4" Meter and Tap	<input type="checkbox"/> 2" Meter and Tap	<input type="checkbox"/> 8" Meter and Tap
<input type="checkbox"/> 5/8 x 3/4" Meter and Change Out	<input type="checkbox"/> 3" Meter and Tap	<input type="checkbox"/> Road Bore
<input type="checkbox"/> 1" Meter and Tap	<input type="checkbox"/> 4" Meter and Tap	<input type="checkbox"/> Meter only Size: _____
<input type="checkbox"/> 1-1/2" Meter and Tap	<input type="checkbox"/> 6" Meter and Tap	<input type="checkbox"/> Other _____

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

<input type="checkbox"/> Standard Sewer Tap	<input type="checkbox"/> 8" Sewer Tap	<input type="checkbox"/> Road Bore
<input type="checkbox"/> 6" Sewer Tap	<input type="checkbox"/> 8" Sewer Tap with Manhole	Book: _____
<input type="checkbox"/> 6" Sewer Tap with Manhole	<input type="checkbox"/> Sewer Grease Tap: _____	
<input type="checkbox"/> City <input type="checkbox"/> Lindale Rural <input type="checkbox"/> Crystal	<input type="checkbox"/> 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 _____