**HAMMOND PSD WATER TAP APPLICATION**

TAP FEE: \_\_\_\_\_ DEPOSIT FEE: \_\_\_\_\_ PAID DATE: \_\_\_\_\_ CASH/CHECK/MONEY ORDER:\_\_\_\_\_\_\_

**APPLICANT INFORMATION**

Applicant Name/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past Customer: \_\_\_\_ Date: \_\_\_\_\_ /Current Customer: \_\_\_\_ Account #: \_\_\_\_\_\_ /New Customer: \_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_ Tax ID #: \_\_\_\_\_\_\_\_\_ Driver’s License # or SS #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPERTY INFORMATION**

Service Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Route/Book #: \_\_\_\_\_ Sequence #:\_\_\_\_\_\_

Own: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rent: \_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_ Rent to Own:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. in Household: \_\_\_\_\_\_\_\_\_\_\_ No. of Employees: \_\_\_\_\_\_\_\_\_\_\_ No. of Bathrooms: \_\_\_\_\_\_\_\_\_\_\_

**METER / CONNECTION INFORMATION**

Single Family: \_\_\_ Duplex/Multiple/Apartment:\_\_\_ Mobile Home: \_\_\_ Business: \_\_\_ VFD:\_\_\_\_

Residential:\_\_\_\_\_ Size\_\_\_\_\_\_ Commercial: \_\_\_\_\_ Size\_\_\_\_\_\_ Industrial: \_\_\_\_\_ Size \_\_\_\_\_\_

Meter Serial #: \_\_\_\_\_\_\_\_\_ Initial Meter Reading: \_\_\_\_\_\_ Install Date: \_\_\_\_\_\_\_ Water On/Off: \_\_\_\_\_\_\_

**AGREEMENT:**

 I understand and agree to the conditions in this document and all permitting requirements. I hereby apply for a tap connection to the water system at the service address on this application. If any of the information I provided is incorrect, I understand that I may have to pay costs associated with relocation of the water connection. I authorize Hammond Public Service District-Water to enter upon the above-described private property to conduct inspections related to this application.

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Utility Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**