

**CITY OF WOODBINE
WATER AND SEWER TAP APPLICATION**

NAME _____

PROPERTY ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____

WATER TAP

SEWER TAP

SIGNITURE _____

TAP FEES:

WATER TAP \$ _____ DATE PAID _____ RECEIPT # _____

SEWER TAP \$ _____ DATE PAID _____ RECEIPT # _____

OTHER FEES \$ _____ DATE PAID _____ RCEIPT # _____

OTHER FEES, SPECIFY: _____

WATER TAP INSTALLATION DATE: _____ APPROVED BY _____

SEWER TAP INSTALLATION DATE: _____ APPROVED BY _____

SEWER LINE INSTALLATION DATE: _____ APPROVED BY _____

IRRIGATION TAP: \$ _____ DATE PAID _____ RECEIPT # _____

BACKFLOW PREVENTION _____ DATE PAID _____ RECEIPT# _____

IRRIGANTION TAP INSTALLATION DATE _____ APPROAVED BY _____

BACKFLOW PREVENTION INSTALLATION DATE _____ APPROVE BY _____