

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

NAME _____

PROPERTY ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____

WATER TAP

SEWER TAP

SIGNATURE _____

TAP FEES:

WATER TAP \$ _____ DATE PAID _____ RECEIPT # _____

SEWER TAP \$ _____ DATE PAID _____ RECEIPT # _____

CAPITAL RECOVERY FEE \$ **5,000.00** DATE PAID _____ RECEIPT # _____

WATER METER FEE: \$ _____ DATE PAID _____ RECEIPT # _____

WATER TAP INSTALLATION DATE: _____ APPROVED BY _____

SEWER TAP INSTALLATION DATE: _____ APPROVED BY _____

SEWER LINE INSTALLATION DATE: _____ APPROVED BY _____

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

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

BACKFLOW PREVENTION INSTALLED: YES ___ NO ___

IRRIGATION TAP INSTALLATION DATE _____ APPROVED BY _____

BACKFLOW PREVENTION INSTALLATION DATE _____ APPROVED BY _____