



CITY OF MILES

Water/Sewer Tap Application

DATE: _____ TELEPHONE: _____

NAME: _____ WORK PHONE # _____

ADDRESS: _____

APPLICATION FOR: WATER SEWER

SIZE OF WATER Tap requested: ___ 5/8 ___ 1 inch ___ 2 inch

PLUMBER: _____

TAP LOCATION ADDRESS

House #: _____ Street: _____

- *****ALLOW 14 BUSINESS DAYS FOR ESTIMATE**
- Estimated charges shall be paid prior to scheduling tap construction
- Applicant shall be responsible for all tap charges. This is an estimate. Actual cost may vary and will be determined. Unpaid balance will be required to be paid upon completion of work.
- *****ALLOW 30 BUSINESS DAYS FOR COMPLETION OF CONSTRUCTION AFTER ESTIMATE IS PAID*****

SIGNATURE OF APPLICANT/REPRESENTATIVE:

DATE: _____

For Official Use Only

Tap placement information:

WATER TAPPING FEE: _____

SEWER TAPPING FEE: _____ (See attached estimate/breakdown if necessary)

Received by: _____

City of Miles

TOTAL FEE: _____

City Utility Manager: _____