

(512)246-1400 Office (512) 246-1900 Fax **LAZY 9 MUD 1B** 

MAIL TO: Crossroads Utility Services 2601 Forest Creek Drive Round Rock TX 78665-1232

## **TAP AND FEE APPLICATION**

For Water/Wastewater Service

Date of Application:				
Applicant:				
Billing Address:				
Telephone:				
Applicant's Plumber: Pl	Plumber's Telephone:			
Application is for (please circle all that apply): Water	Sewer Irrigation	n/Backflow	/ Fire Hydr	ant
(For Fire Hydrant Meters: You are only allowed to o	perate the valve	s on the n	neter assem	bly. DO NOT
<b>OPERATE THE FIRE HYDRANT!</b> You may be held re	esponsible for da	amages or	loss of water	er.)
Meter Size: Number of Bathrooms: Wi	dth of Lot:	_ Garage (	On: Left/Righ	t
ALL FEES ARE PAYABLE TO THE DISTRICT: LA	ZY 9 MUD 1B			
Please supply the following information: Address Zip Code	Lot Blk	Sect.	*Sq. Ft.	District Use Only
1.			<u> </u>	1 0110 11
OF CUSTOMER SERVICE INSPECTION CERTIFIC transfer to next owner.  I, the Applicant agree to comply with the following: All plumbing inspections will be performed by the District Dan McDowell 512-633-2167			-	
(It is the Builder's responsibility to call before	ore starting con	struction.	Please co	ontact us for
the inspector's current contact information.) The owner's cut-off valve & meter box with lid shall inspection. I will notify Crossroads Utility Service inspection and install my meter by emailing builders	es in writing <u>24 h</u>	ours in ad		
	Applicant Sigr	nature		
FOR OFFICE	E USE ONLY			
Date Received: Check #: Amount: \$ Inspection Fee: Irrigation Backflow Insp: Meter Deposit: Erosion Fee: Grinder Install Fee:				∍w: