



(512)246-1400 Office  
(512) 246-1900 Fax

**CLL MUNICIPAL UTILITY DISTRICT # 1**

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: \_\_\_\_\_ Plumber's Telephone: \_\_\_\_\_

Application is for (please circle all that apply):                      Water                      Sewer                      Fire Hydrant

Meter Size: \_\_\_\_\_

**ALL FEES ARE PAYABLE TO THE DISTRICT**

Please supply the following information:

	Address	Zip Code	Lot	Blk	Sect.	*Sq. Ft.	District Use Only Folio #
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____

\* Excludes Carports and Garages

An approved water tap inspection starts the billing. Applicant will receive a bill UNTIL WE RECEIVE A COPY OF CUSTOMER SERVICE INSPECTION CERTIFICATE FROM BUILDER OR PLUMBER, we can then transfer to next owner.

I, the Applicant agree to comply with the following:

All plumbing inspections will be performed by the District's approved plumbing inspector:

**(It is the Builder's responsibility to call before starting construction. Please contact us for the inspector's current contact information.)**

The owner's cut-off valve & meter box with lid shall be in place at the time of meter installation for complete inspection. I will notify Crossroads Utility Services in writing 24 hours in advance to request the final inspection and install my meter by faxing in my request to (512) 246-1900.

\_\_\_\_\_  
Applicant Signature

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Water Tap Fee: \$ \_\_\_\_\_ Sewer Tap Fee: \$ \_\_\_\_\_ Inspection Fee: \$ \_\_\_\_\_

Impact fees: \$ \_\_\_\_\_