

If you need assistance with this application,
 please contact the Town of Taos,
 Public Utilities Department
 1030 Dea Lane, Taos, NM
 Phone: (575) 751-2047 Fax: (575) 751-2049



Please return completed application to:
 Town of Taos, Public Utilities Department
 1030 Dea Lane, Taos, NM
 Mailing Address: 400 Camino de la Placita,
 Taos, New Mexico 87571

APPLICATION FOR WATER AND SEWER SERVICE

To be completed by property owner

Date: _____

Name of Applicant: _____ Phone # (H): _____

Phone # (W): _____

Mailing Address: _____ DL #: _____

SS #: _____

DOB: _____

City, State, Zip

Physical Address/Site Location: _____

Is building or site within Town Limits: Yes No

Type of connection desired: Water Sewer Change in Use

If Change in Use, Please explain: _____

Connection to:

<input type="checkbox"/> New Residential	<input type="checkbox"/> New Commercial Building/Office
<input type="checkbox"/> Existing Residential	<input type="checkbox"/> Existing Commercial Building/Office
<input type="checkbox"/> Apartment or Condominium	<input type="checkbox"/> Restaurant or Food Establishment
<input type="checkbox"/> Other, please explain: _____	

► Specific type: Single Family Owner _____ Single Family Rental _____ Multi-family unit _____

<u>Residential</u>	<u>Commercial</u>
Maximum water use of 0.33 consumptive acre-feet per year (8,973 gallons per month)	Number of Building Units? _____
Size of water line connection? _____ 3/4" for residential	Size of water line connection? _____
Size of sewer line connection: _____ 4" for residential	Size of sewer line connection? _____
Total Number of Fixture Units? _____ <small>One fixture Unit = One Bathroom, One Kitchen, One Washing Machine</small>	Total Number of Fixture Units? _____ <small>One Fixture Unit = One Bathroom, One Kitchen, One Washing Machine Four Fixture Units = One Carwash Stall, One Laundromat Washing Machine</small>

This section must be completed by the licensed plumber performing work:

Business Name of plumber: _____
Please Print

License Number: _____ Classification: _____ Phone No: (____) _____ - _____

Signature of licensed engineer or plumber certifying line size: _____
Signature must be notarized

NOTARY: Subscribed and sworn before me this _____ day of _____, _____.
month year

Signature: _____ My Commission Expires: _____

The following information is requested by the Federal Government for certain types of loans, in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

Ethnicity

- Hispanic or Latino Not Hispanic or Latino
 I do not wish to furnish this information

Race

- American Indian or Alaskan Native Black or African American White
 Asian Native Hawaiian or Other Pacific Islander
 I do not wish to furnish this information

Gender

- Male Female

This institution is an equal opportunity provider, and employer.



MUST BE COMPLETED BY THE APPLICANT

By signing this application, I agree to make timely payment upon my water/sewer account and to abide by all Town of Taos regulations with respect thereto. Applicant also agrees to grant to the Town of Taos a perpetual easement over, under and upon the property served pursuant to this application by Town water/sewer for the purpose of disconnecting water/sewer service should applicant fail to abide by any of the terms of this application or otherwise violates the Town of Taos Water/Sewer Ordinances and Regulations. Entry onto applicant's property shall be made only after notice to the applicant and an opportunity to cure the violation. This easement shall expire upon termination of the account.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____ by

_____.

Notary Public

My commission expires: _____

This form is to be completed by official town staff only. A copy of this completed form will be provided to the applicant, upon request.

Water Supply Connection Evaluation: _____ in-city rates _____ out- city rates

Must follow Town of Taos standards and call for a meter inspection and installation.

			Street Cut Permit Required? ___ Yes ___ No	
Type of Fee	# of Units	Fee Amount		
Connection Fee	_____ x	\$ _____ = \$ _____		
Meter Purchase	_____ x	\$ _____ = \$ _____		
Meter Installation Fee	_____ x	\$ _____ = \$ _____		
_____ (specify other)	_____ x	\$ _____ = \$ _____		
			Water total	\$ _____
Public Utilities Official Approval: _____			Signature	Date

Sewer Connection Evaluation: _____ in-city rates _____ out- city rates

Must follow Town of Taos standards and call for an inspection prior to backfilling trench.

			Street Cut Permit Required? ___ Yes ___ No	
Type of Fee	# of Units	Fee Amount		
Connection Fee	_____ x	\$ _____ = \$ _____		
_____ (specify other)	_____ x	\$ _____ = \$ _____		
			Sewer total	\$ _____
Public Utilities Official Approval: _____			Signature	Date

Street Cut Permit Evaluation:

Street Division Superintendent Approval: _____

Signature **Date**

Water Rights:

Type of consumption unit _____

_____ units x _____ GPD x 365 / 325851 = _____ acre feet x \$ _____ per acre ft. = \$ _____

W. Rights fee \$ _____

Public Utilities Official Approval: _____

Signature **Date**

Utility Billing Evaluation:

Security Deposits _____ x \$ _____ = \$ _____

Customer Account Number: _____

Work Order #: _____
Receipt #: _____
Date: _____

Utility \$ _____

Utility Billing Approval: _____

Signature **Date**

Grand Total \$ _____

