

UTILITY TAP REQUEST FORM - INSIDE CITY LIMITS

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

LOT: _____ **BLOCK:** _____ **SUBDIVISION:** _____

PLUMBER: _____

PHONE NUMBER: _____

SINGLE FAMILY **MULTI-UNIT** **BUSINESS** **OTHER**

¾-INCH **1-INCH** **1½-INCH** **2-INCH**

WATER & SEWER **WATER ONLY** **SEWER ONLY**

READ THE FOLLOWING AND SIGN AFTER “APPLICANT”

1. The following forms are to accompany this tap request form:
 - A. Copy of the approved septic system permit, if applicable
 - B. A plat or survey of the property to be served showing:
 - a. easements, sidewalks, curbs, driveway lines, building location, etc.
 - b. desired locations for water/sewer/meter
 - c. complete building plans for anything other than single family dwellings
 - d. a copy of permits, (e.g. moving permit) if applicable
2. Owner, user, applicant agrees to comply with all applicable provisions of the Utility and Zoning Codes of the Town of Silver City.
3. Due to water pressure variations, north of Pine and 25th Street, all customers are advised to install a pressure reducing valve (PRV) on their service line.
4. Per City Ordinance No. 1135, new dwellings are required to install a one-way check valve on all new sewer service connections. They can be purchased at any plumbing/hardware store.
5. Per City Ordinance No. 1004, water and sewer taps may not be purchased more than 6 months prior to actual connection to the systems.

REQUESTS WILL NOT BE REVIEWED UNTIL ALL REQUIRED ITEMS ARE SUBMITTED

The applicant, by his signature, states that the property where the water is to be used has not been part of an illegal land division or subdivision for the period beginning June 15, 1992 to present in the City and June 15, 1995 to present in the County.

APPLICANT: _____ **DATE:** _____

WATER/SEWER FEES:

WATER ACQUISITION: _____
WATER TAP: _____
SEWER DEVELOPMENT: _____
SEWER TAP: _____
EXCAVATION FEE: _____

METER/CAN: _____
STREET REPAIR: _____
SUB-TOTAL: _____
DEPOSIT: _____

TOTAL FEES DUE: _____

Calculated By: _____
Utilities Approval: _____
Planning Approval: _____
Addressing Approval: _____

Date: _____
Date: _____
Date: _____
Date: _____

Fees given are those in effect on the date of approval and are subject to change by town action at any time prior to payment being received.

AMOUNT PAID: _____

DATE: _____

RECIPT #: _____

COLLECTED BY: _____

TOWN OF SILVER CITY
APPLICATION FOR UTILITY SERVICES
PO BOX 1188 SILVER CITY, NM 88062
505-538-3731 538-5123 (FAX)

PLEASE PRINT

Deposit_____

ACCT. NUMBER_____TURN ON DATE_____

NAME_____DATE_____

SERVICE ADDRESS_____

MAILING ADDRESS_____

ARE YOU RENTING? Y OR N IF YES, FROM WHOM?_____

EMPLOYER_____EMPLOYER PHONE#_____

HOME PHONE#_____SSN_____DL#_____

DOB_____SPOUSE NAME_____

NAME & ADDRESS OF NEAREST RELATIVE_____

PLEASE READ IMPORTANT INFO ON HANDLING OF DEPOSIT BEFORE SIGNING !!!

ORDINANCE NO. 1049

SECTION 30-41(A) THE WATER SERVICE DEPOSIT SHALL BE REFUNDED TO THE PROPERTY OWNER ONE YEAR AFTER FIRST BILLING UPON COMMENCEMENT OF WATER SERVICE IF THE PROPERTY OWNER HAS A SATISFACTORY CREDIT RATING AS DEFINED IN THE TOWN'S UTILITY DEPOSIT POLICY. THE WATER SERVICE DEPOSIT SHALL BE REFUNDED TO THE CUSTOMER, IF IDENTIFIED AS OTHER THAN THE PROPERTY OWNER (RENTEE, LESSEE, ETC.), ONLY UPON FINAL TERMINATION OF SERVICE WITH THE TOWN AND IN ACCORDANCE WITH THE TOWN'S UTILITY DEPOSIT POLICY, AND IN ACCORDANCE WITH THE PROVISION OF SECTION 30-42.

COPIES OF ORDINANCE ARE AVAILABLE UPON REQUEST FOR VIEWING ONLY.

IF YOUR BILL DUE DATE LANDS ON A WEEKEND OR A HOLIDAY, PLEASE MAKE SURE TO PAY BEFORE THIS DATE.

NOTE: Payments received after 2:30 pm ARE CREDITED to the next business day.

SIGNATURE_____

