



# WATER AND SEWER TAP APPLICATION

City of Lindale  
 P.O. Box 130 /105 Ballard Dr.  
 Lindale, TX 75771  
 Phone: 903-882-6861 Fax: 903-881-8170  
 Email: [iselag@lindaletx.gov](mailto:iselag@lindaletx.gov)

Permit # \_\_\_\_\_

**Project Information**

Service Location: \_\_\_\_\_ Bldg. \_\_\_\_\_ Suite \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Contractor/Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email: \_\_\_\_\_  New Construction  Existing Structure with New Taps Req'd,

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**Type of Tap (Check all that apply)**  Residential  Commercial  Industrial  Fire Line /  Fire Hydrant  Estimate Only

**Location:**  Inside City Limits  Outside City Limits

**WATER TAP SIZE: (Check all that apply)** **Date Made:** \_\_\_\_\_

|  |   |   |
|--|---|---|
| <input type="checkbox"/> 5/8 x 3/4" Meter and Tap        | <input type="checkbox"/> 2" Meter and Tap | <input type="checkbox"/> 8" Meter and Tap |
| <input type="checkbox"/> 5/8 x 3/4" Meter and Change Out | <input type="checkbox"/> 3" Meter and Tap | <input type="checkbox"/> Road Bore        |
| <input type="checkbox"/> 1" Meter and Tap                | <input type="checkbox"/> 4" Meter and Tap | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> 1-1/2" Meter and Tap            | <input type="checkbox"/> 6" Meter and Tap |   |

Meter # \_\_\_\_\_ Reading \_\_\_\_\_ Book: \_\_\_\_\_  
 ID# \_\_\_\_\_ Rollover Digit: 5  6   
 Reading Multiplier: 10  100  1000  Other: \_\_\_\_\_  
 **City**  **Lindale Rural**  **Crystal** Water Tap \_\_\_\_\_ AMR Meter \_\_\_\_\_ Total Amount: \_\_\_\_\_

**IRRIGATION/SPRINKLER SYSTEM: (Check all that apply)** **Date Made:** \_\_\_\_\_

|  |   |   |
|--|---|---|
| <input type="checkbox"/> 5/8 x 3/4" Meter and Tap        | <input type="checkbox"/> 2" Meter and Tap | <input type="checkbox"/> 8" Meter and Tap |
| <input type="checkbox"/> 5/8 x 3/4" Meter and Change Out | <input type="checkbox"/> 3" Meter and Tap | <input type="checkbox"/> Road Bore        |
| <input type="checkbox"/> 1" Meter and Tap                | <input type="checkbox"/> 4" Meter and Tap | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> 1-1/2" Meter and Tap            | <input type="checkbox"/> 6" Meter and Tap |   |

Meter # \_\_\_\_\_ Reading \_\_\_\_\_ Book: \_\_\_\_\_  
 ID# \_\_\_\_\_ Rollover Digit: 5  6   
 Reading Multiplier: 10  100  1000  Other: \_\_\_\_\_  
 **City**  **Lindale Rural**  **Crystal** Water Tap \_\_\_\_\_ AMR Meter \_\_\_\_\_ Total Amount: \_\_\_\_\_

**SEWER TAP SIZE: (Check all that apply)** **Date Made:** \_\_\_\_\_

|  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Standard Sewer Tap  | <input type="checkbox"/> 8" Sewer Tap              | <input type="checkbox"/> Road Bore |
| <input type="checkbox"/> 6" Sewer Tap  | <input type="checkbox"/> 8" Sewer Tap with Manhole | Book: _____                        |
| <input type="checkbox"/> 6" Sewer Tap with Manhole   | <input type="checkbox"/> Sewer Grease Tap: _____   | Amount: _____                      |
| <input type="checkbox"/> <b>City</b> <input type="checkbox"/> <b>Lindale Rural</b> <input type="checkbox"/> <b>Crystal</b> | <input type="checkbox"/> Other: _____              | Amount: _____                      |

Please allow a minimum of 5 working days for tap fees to be quoted. Applicant shall be responsible for all tap charges. This is an estimate. Actual cost may vary and will be determined after completion. Unpaid balance will be billed to applicant. Estimated charges shall be paid prior to tap construction. You must activate an account with Utility Billing 903-882-3422 and deposit must be paid of \$100.00 for inside or \$150.00 for outside the city limits before services can be turned on. Please allow a minimum of 15 working days to complete the work once the work order has been generated. I have read and understand these terms:

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**-----

Proposed By: \_\_\_\_\_ Date \_\_\_\_\_ Total Amount: \_\_\_\_\_

Installed By: \_\_\_\_\_ Date \_\_\_\_\_