

PORT O'CONNOR IMPROVEMENT DISTRICT APPLICATION FOR WATER & SEWER SERVICE

39 DENMAN DRIVE • P.O. BOX 375 • PORT O'CONNOR, TEXAS • 77982

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REQUESTED METER:

- ☐ ¾ INCH
☐ 1 INCH
☐ OTHER (please specify)

Work Order #: _____

Date to Begin Service: _____

TYPE OF APPLICATION:

- ☐ Single Family Residence
☐ Multi Family Residence
☐ Commercial
☐ RV Park
☐ Other (please specify)

SERVICE REQUESTED:

- ☐ Water
☐ Sewer

DEPOSITS (REFUNDABLE AT DISCONNECT):

- ☐ \$100 Water
☐ \$100 Sewer

CONTRACTORS TEMPORARY SERVICE

Contractor/Builder's Name:	Contact Name:
Street Address for POC:	Property Owner's Name:
Lot and Block Legal Description in POC:	Property Owner's Address:
Billing Address:	Contractor/Builder's Phone No.:
Billing Address City, State & Zip:	Contractor/Builder's Cell No:
Applicant's Driver's License #:	Work Phone:
	Other Contact Name & Relation:
	Other Contact's Phone No:
	Do you have or are you going to install: <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Water Well <input type="checkbox"/> Pool <input type="checkbox"/> Outdoor Shower

Customer Signature

Date

District Representative

Date

Applicant to draw sketch of house/building layout and proposed location of water and sewer service line, the location of any well, swimming pool/hot tub, outdoor shower and yard drain on the Attached Appendix A

APPENDIX A

Sketch of Home/Building & Location of Water and Sewer Lines

For District Use Only

Date of Application: _____

☐ Backflow Prevention Assembly Test

Date Deposit Received: _____

☐ Customer Service Inspection

Application/Permit Fee: _____

☐ Builder Inspection

Name of Inspector(s): _____

Additional Considerations: _____

☐ swimming pool/hot tub

☐ outdoor shower

☐ yard drain

☐ well

☐ sprinkler system