

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

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

(PH) 361-983-2652 • (FAX) 361-983-2235 • (TDD) (711) 1-800-735-2988 • (TTY) 1-800-735-2989

REQUESTED METER:

- $\frac{3}{4}$ 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
- \$100 Water
- \$100 Sewer

DEPOSITS (REFUNDABLE AT DISCONNECT):

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