



RESIDENTIAL WATER SERVICE APPLICATION AND AGREEMENT

3628 South 35th Street * Tacoma, WA 98409-3192

Phone: 253-502-8247 Fax: 253-502-8694

PROPERTY OWNERS REQUESTING A CONNECTION TO TACOMA'S WATER SUPPLY SYSTEM MUST AGREE TO:

- State fully the purpose for which water is to be used.
- Pay all charges for the new service connection. Checks payable to **CITY OF TACOMA**
- Tacoma Water is not responsible for service lines beyond the meter. It will be the responsibility of the customer to install and maintain any required pressure relief and/or pressure-reducing valve.
- **Monthly billing begins upon completion of meter installation.** If water service is not immediately required, you may elect to have the account inactivated by contacting TPU Customer Services at 253-502-8600

SERVICE DESCRIPTION:

Address _____

Parcel Number _____

Plat or Subdivision Name _____

Lot Number _____

Intended Use:

Single-family Multi-family # of units: _____

Metering each unit? Yes No

Duplex

Metering each unit? Yes No

Dedicated Irrigation

Service & Meter Size Requested _____

Combination Fire/Domestic (MUST CHOOSE ONE)

Yes No

Fire requirements (GPM) _____

Plans required at time of purchase

APPLICANT INFORMATION:

Name _____

Company _____

Billing Address _____

City _____ State _____ Zip _____

Daytime Phone _____

E-mail (optional) _____

Field Contact _____

Company UBI # _____

or

Driver License # _____

Payment Authorization # _____

The application, when approved by the Division, shall constitute a contract whereby the applicant agrees as a condition of water service to comply with all sections of TMC 12.10 and the divisions Customer Service Policy. I declare the above information is true and correct and make this declaration under penalty of perjury.

X

Name of Authorized Signer

Signature

Date

FOR TACOMA WATER USE ONLY:

CA#/CO# _____

Fees for _____

Business Partner _____

Construction Charge _____

Order # _____

System Development _____

Date paid _____

Main Charge _____

Receipt # _____

ROW Permit _____

Device Loc/SD Doc#s _____