



**EL PASO WATER
PUBLIC SERVICE BOARD
Application for New Water or Sanitary Sewer Service**

PROPERTY INFORMATION

Official Property Address:

Street # and Street Name:	Building or Unit or Suite #(s):	City or Area:	Zip Code:
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Legal Description:

Subdivision Name:	Block/Section:	Lot(s)/Tract(s):
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Type of Occupancy:

Single Residence <input type="checkbox"/> Duplex Residence <input type="checkbox"/> Triplex Residence <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial Establishment <input type="checkbox"/>	Specify Use:
Is the property a Food Service Establishment? Yes <input type="checkbox"/> No <input type="checkbox"/>	For Apartments, Specify Total # of Units:
Is there an existing well on the property? Yes <input type="checkbox"/> No <input type="checkbox"/>	

BILLING INFORMATION

Name (Person/Entity responsible for monthly bill):	Phone Number:	Contact Person:	Driver's License # or Fed. Tax ID #:
Mailing Address:			City, State: Zip Code:
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Authorized Agent	<input type="checkbox"/> Developer/Contractor (Water Service will be used for Construction Purposes Only)	

NEW SERVICE INFORMATION

Water Service:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Yard Meter (Irrigation Only)	<input type="checkbox"/> Fire Line	<input type="checkbox"/> Stand Pipe	Public Fire Hydrant
Size(s) _____ Quantity _____	Size(s) _____ Quantity _____	Size(s) _____ Quantity _____	Size(s) _____ Quantity _____	<input type="checkbox"/> New <input type="checkbox"/> Relocation Quantity _____

Activate Meter(s) after Installation?
(If Yes, Guarantee Deposit will be collected per meter) Yes No

Comments:

<input type="checkbox"/> Enlarge Existing Service (Existing Service will be permanently killed)	Proposed Size:	EPWater Account #(s)
<input type="checkbox"/> Relocate Existing Service (applicant must provide drawing of proposed location) (Existing Service will be permanently killed)		EPWater Account #(s)
<input type="checkbox"/> Permanently Kill Existing Service	EPWater Account #(s)	

Sanitary Sewer Service:

<input type="checkbox"/> Provide Sanitary Sewer Tap	<input type="checkbox"/> New Public Manhole
Size(s):	Quantity:
Quantity:	

*Tap does not include the sanitary sewer service line from the sewer main to the property or any required fittings. These materials must be provided by the owner and installed by a licensed plumber at the owner's expense.

Water & Sanitary Sewer Mains:

<input type="checkbox"/> Provide Water or Sewer Main Extension by EPWU
<input type="checkbox"/> Provide Water or Sewer Main Extension through a Development Agreement (Owner may hire an approved Contractor to extend water and sewer mains along with services upon approval)

Customer Notes:

This filing is to obtain costs on the above installations and it is understood that there will be prepared the necessary contract(s) for the above indicated work, if the Rules and Regulations of the Public Service Board so permit. It is further understood that the filing of this application in no way obligates the applicant to the El Paso Water, or contracts, for the service applied. Nothing herein creates a contractual obligation on the El Paso Water, and the prices or charges quoted herein are subject to change. No price or charge will remain valid for a period of more than 90 days from the date of this application. The Utility shall have the right, with notice to the customer, to discontinue the water and/or sewer service for furnishing false or erroneous information on any application for service.

Applicant's Signature _____ Date: _____

Email Address: _____

EPWater OFFICIAL USE ONLY

Taken By: _____ Date: _____ Contract # _____		
Reviewed By: _____	Permit Type(s) _____	
BPA Req. Y / N _____	Refuse Y / N _____	WTR/SWR Impact Fees:
Tax District _____	Sales Class _____	<input type="checkbox"/> ES <input type="checkbox"/> WS <input type="checkbox"/> NE
Cycle _____	WTR/SWR Rate _____ / _____	Drainage Y / N _____
Route _____	WTR/SWR Serv. Area _____ / _____	WO Type(s) _____
Book _____	Pressure District _____	WTR/SWR Annexation Fees:
SIC Code _____	WTR/SWR Facility _____ / _____	<input type="checkbox"/> ES 1999 <input type="checkbox"/> ES 2005 <input type="checkbox"/> WS
Map Number _____	NOTES:	
Map _____		
Grid _____		
CIS # _____ Permit #(s): _____		

New Installations
1154 Hawkins Blvd.
P.O. Box 511, El Paso, TX 79961-0511
Phone: 915.594.5539 Fax: 915.594.5574