

# WATER TAP REQUEST AND ESTIMATE

TAP NO. \_\_\_\_\_

## City of Defiance, Ohio Engineering Division

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Description of lot to be serviced \_\_\_\_\_

Lot size \_\_\_\_\_ Street address of lot \_\_\_\_\_

Type of Service:  Residential  Commercial  Industrial  Fire Protection Rates: Inside  Outside

Type of Backflow Prevention Required:  Reduced Pressure  Double Check  Other

Size of service requested \_\_\_\_\_ Size of meter requested \_\_\_\_\_

ESTIMATED COST COMPUTATIONS	REIMBURSEMENT DUE PER ORDINANCE NO. _____
Labor: _____ Men @ _____ hrs. @ _____	_____ foot frontage @ \$ _____ /f.f.
Equipment: Backhoe _____ hrs. @ _____	<b>SUMMARY OF COSTS</b>
Trucks _____ hrs. @ _____	
Compressor _____ hrs. @ _____	
Materials: _____ @ _____	
_____ @ _____	
_____ @ _____	Standard Tap Fee (Minimum) _____
_____ @ _____	Outside Surcharge _____
_____ @ _____	Reimbursement Due _____
_____ @ _____	Cost Computation _____
<b>TOTAL</b> _____	<b>TOTAL</b> _____
	Date Tap Paid _____

Copy to Water Works Office \_\_\_\_\_ Prepared by: \_\_\_\_\_ Approved by: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

TAP REPORT	METER INSTALLATION REPORT
Work Order Issued: <input type="checkbox"/> Date: _____	Work Order Issued: <input type="checkbox"/> Date: _____
Tap Installed: <input type="checkbox"/> Date: _____	Meter Installed: <input type="checkbox"/> Date: _____
Inspector: _____	Serviceman: _____

Additional Notes and Instructions:

Applicant's Signature \_\_\_\_\_

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