

CITY OF LAFAYETTE

WATER TAP APPLICATION

DATE OF APPLICATION: DAY _____ **MONTH** _____ **YEAR** _____

NAME: _____ **PHONE** _____

LOCATION OF REQUESTED WATER SERVICE _____

TYPE OF SERVICE: **RESIDENTIAL** _____ **OTHER** _____

COMMERCIAL _____

INDUSTRIAL _____

*** THIS IS ONLY AN APPLICATION FOR WATER SERVICE AND CAN ONLY BE APPROVED PENDING INVESTIGATION BY THE WATER DEPARTMENT PERSONNEL.

PLEASE NOTE: ALL NEW WATER SERVICES INSTALLED ON THE CITY OF LA FAYETTE WATER SYSTEM WILL HAVE A BACKFLOW PREVENTER AS PART OF THE INSTALLATION IN ACCORDANCE WITH OUR CROSS-CONNECTION CONTROL PROGRAM; THEREFORE, EACH CUSTOMER MUST HAVE A THERMAL EXPANSION DEVICE PROPERLY INSTALLED TO PROTECT THEIR HOT WATER HEATER AGAINST THERMAL EXPANSION.

APPLICANT SIGNATURE

DO NOT WRITE BELOW THE LINE

WATER DEPARTMENT RECOMMENDATION

CHECKED BY _____

WATER SUPERINTENDENT

Revised: August 2004