



MERIDIAN SERVICE METROPOLITAN DISTRICT
 Water, Wastewater, Parks and Recreation
 11886 Stapleton Dr, Falcon, CO 80831
 719-495-6567, Fax 719-495-3349

TAP REQUEST FORM

MANDATORY 48 HOURS NOTICE REQUIRED TO PROCESS THIS TAP REQUEST

Email Completed Form to AR@meridianservice.org

Date _____

Owner Name _____

Builder Name _____

Builder Contact Information:

(Mailing Address – for hard copy of original Tap Receipt) _____

(Phone) _____

(Email –Point of Contact relating to this Tap Request) _____

(Email – Administrative Contact) _____

Tap Location (Address) _____

Subdivision/Filing/Lot # _____

Tap Size Requested (Circle One): $\frac{3}{4}$ " 1" 1 1/2" 2" Other: _____

Desired Payment Method (Circle One): ACH WIRE TRANSFER

DOCUMENTATION ENCLOSED:

1. **(REQUIRED)** Settlement Statement (for verification of the address/legal description of the Property where the tap is located and where the meter will be set)
2. Notes for MSMD Staff: _____

FOR OFFICE USE ONLY:

_____ (Water Tap Fee) + _____ (Sewer Tap Fee) + _____ (Meter Fee) = _____ **TOTAL DUE**

1. _____ Wire/ACH Instructions emailed: _____ (date)

2. _____ Confirmation of Fees Received in Full: _____ (date)

3. _____ **TAP RECEIPT NUMBER #** _____

4. _____ Tap Receipt Emailed _____ (date); Original Tap Receipt Mailed _____ (date)