



**MID VALLEY METROPOLITAN DISTRICT**  
**10 Reynolds Way • Carbondale, CO 81623**  
**Phone: (970) 927-4077 • Email: customer@mvmmdco.org**

Business Hours: Monday - Friday, 9:00 a.m. - 4:00 p.m.

**APPLICATION FOR WATER AND SEWER SERVICE AND TAP PERMIT --  
MULTI-FAMILY, RESIDENTIAL, TRANSIENT RESIDENTIAL**

\*Please complete and return to Mid Valley Metropolitan District\*

Name of Applicant: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Fax) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Email) \_\_\_\_\_

Service desired: Water \_\_\_\_\_ Sewer \_\_\_\_\_

Owner of Property to be Served: \_\_\_\_\_

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

Street Address of Property to be Served: \_\_\_\_\_

Subdivision or Development: \_\_\_\_\_ Block/Lot: \_\_\_\_\_

Structures on Property (if there is more than one structure of the same type, give separate information for each):

Type (e.g. Apartment building): \_\_\_\_\_

Single Bedroom or Studio Units: \_\_\_\_\_

Two Bedroom Units: \_\_\_\_\_

Three or more Bedroom Units: \_\_\_\_\_

Units with more than one Kitchen: \_\_\_\_\_

Square feet of Irrigated Green Space: \_\_\_\_\_

Swimming Pool: \_\_\_\_\_ Capacity: \_\_\_\_\_

Hot Tubs or Spas: \_\_\_\_\_ Capacity: \_\_\_\_\_

Other water uses or structures (e.g. drinking fountains, decorative fountains) \_\_\_\_\_

**NOTE:** The number of EQRs required for Transient Residential Units (motels, mobile vehicle parks, etc.) must be calculated on an individual basis by a representative of the District.

Current Use of Property: \_\_\_\_\_ New or Proposed Use: \_\_\_\_\_

Number of EQRs Required, per District EQR Schedule: \_\_\_\_\_

Number of Prepaid EQRs to be applied to this tap: \_\_\_\_\_

Owner of Prepaid EQRs: \_\_\_\_\_

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

**NOTE:** Attach a copy of the document which assigns the prepaid tap to you. Unless attached, no credit for the prepaid tap will be granted.

Number of free EQRs to be applied to this tap: \_\_\_\_\_

Owner of free EQRs: \_\_\_\_\_

I, the applicant named above, as lawful owner of the property described above or on behalf of the lawful owner, hereby apply to Mid Valley Metropolitan District for the privilege of water and/or sewer service pursuant to §6.03 of the District's Rules and Regulations. I certify that the above description of the property to be served, and the structures thereon, is accurate. I understand that I must have the new tap inspected by District representatives and hereby consent to an inspection of the premises at a reasonable time and in a reasonable manner for the purposes of approving the tap and verifying the tap fee to be charged. I agree to give the District 24 hours notice before such an inspection is needed. I understand that service charges begin to accrue from the date of physical connection. I agree to abide by the Rules and Regulations of the District as set by the Board of Directors and amended from time to time, and to notify the District of any changes in the structures or water uses described in this application.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

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OFFICE USE ONLY

Copy of water and sewer policy given? \_\_\_\_\_ Rules & Regulations offered? \_\_\_\_\_ EQRs \_\_\_\_\_

Tap fee paid: Water \$ \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

Sewer \$ \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

Inspection Deposit \$ \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

Water rights dedicated? \_\_\_\_\_ Surcharge paid \$ \_\_\_\_\_

Application approved (becomes a tap permit): Date \_\_\_\_\_ By \_\_\_\_\_

Account number assigned \_\_\_\_\_ Inspection scheduled for \_\_\_\_\_

Comments \_\_\_\_\_

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