



# Mid Valley Metropolitan District

10 Reynolds Way • Carbondale, CO 81623

Phone: (970) 927-4077 • [customer@mvmmdco.org](mailto:customer@mvmmdco.org)

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

## APPLICATION FOR WATER AND SEWER SERVICE AND TAP PERMIT -- SINGLE-FAMILY, RESIDENTIAL, SECONDARY RESIDENTIAL, DUPLEX AND SPECIAL CLASSIFICATIONS

*\*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):

	<u>SFD &amp; Duplexes</u>	<u>ADU</u>
Bedrooms:	_____	_____
Kitchens:	_____	_____
Bathrooms	_____	_____
Square feet of Irrigated Green Space:	_____	_____
Other water uses or structures (e.g. hot tubs, swimming pools, fountains)	_____	_____

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 hour 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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