



**CITY OF IDAHO SPRINGS
WATER / SEWER
APPLICATION**

APPLICANT _____

ADDRESS _____

	WATER TAPS	SEWER TAPS
Number requested	_____	_____
Size requested	_____	_____
Location(s)	_____ _____	
Residential or Commercial	_____	Number of Dwelling Units Planned _____

Signature _____
Applicant Date

	WATER TAPS	SEWER TAPS
Number Approved	_____	_____
Size Approved	_____	_____

Public Works Director Date

Fees: _____ Water @ _____ = \$ _____

_____ Sewer @ _____ = \$ _____

TOTAL FEE \$ _____

Date Paid _____

City Clerk Date