

CENTRAL CLEAR CREEK SANITATION DISTRICT

P.O. BOX 162

DUMONT, COLORADO 80436

Application for Sewer Tap

⇒ 72 Hour Notice With Specific Date & Time Required For Tapping Services

Date of Application _____

Property Owner's Name _____

Last

First

Middle

Joint Owner's Name _____

Last

First

Middle

Billing Address _____

Physical Address _____

Phone number _____

Lot Number

Block Number

Name of Subdivision

(Or Other Description of Property's Location)

The following charges have been paid in full for hook-up to the Central Clear Creek Sanitation District's sewer system.

System Development Fee	\$	<u>7160.⁰⁰</u>
Tap Fee	\$	<u>240.⁰⁰</u>
Administration Fee	\$	<u>100.⁰⁰</u>
TOTAL	\$	<u>7500.⁰⁰</u>

Plans Attached: YES _____ NO _____

Sewer Tap Permit Number Assigned _____

EQR Value Assigned _____

Owner's Signature _____

Joint Owner's Signature _____

Comments _____

Date Approved By Board of Directors _____

Signed _____

Board Director

Signed _____

Board Director