

If you need assistance with this application,
please contact the Town of Taos,
Public Utilities Department
1030 Dea Lane, Taos, NM
Phone: (505) 751-2047 Fax: (505) 751-2049



Please return completed application to:
Town of Taos, Public Utilities Department
1030 Dea Lane, Taos, NM
Mailing Address: 400 Camino de la Placita,
Taos, New Mexico 87571

APPLICATION FOR WATER AND SEWER SERVICE

To be completed by property owner

Date: _____

Name of Applicant: _____

Phone # (H): _____

Phone # (W): _____

Mailing Address: _____

DL #: _____

SS #: _____

DOB: _____

City, State, Zip

Physical Address/Site Location: _____

Is building or site within Town Limits: Yes No

Type of connection desired: Water Sewer Change in Use

If Change in Use, Please explain: _____

Connection to:

- | | |
|-------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> New Residential | <input type="checkbox"/> New Commercial Building/Office |
| <input type="checkbox"/> Existing Residential | <input type="checkbox"/> Existing Commercial Building/Office |
| <input type="checkbox"/> Apartment or Condominium | <input type="checkbox"/> Restaurant or Food Establishment |
| <input type="checkbox"/> Other, please explain: _____ | |

► Specific type: Single Family Owner _____ Single Family Rental _____ Multi-family unit _____

Occupied Vacant Vacant Land / No Structure

<u>Residential</u>	<u>Commercial</u>
Maximum water use of 0.33 consumptive acre-feet per year (8,973 gallons per month)	Number of Units? _____
Size of water line connection? _____ 3/4" for residential	Size of water line connection? _____
Size of sewer line connection: _____ 4" for residential	Size of sewer line connection? _____
Total # of fixtures _____ (sinks, commodes, washers)	Total # of fixtures _____ (sinks, commodes, washers)

This section must be completed by the licensed plumber performing work:

Business Name of plumber: _____
Please Print

License Number: _____ Classification: _____ Phone No: (____) _____ - _____

Signature of licensed engineer or plumber certifying line size: _____
Signature must be notarized

NOTARY: Subscribed and sworn before me this _____ day of _____, _____.
month year

Signature _____

My Commission Expires: _____

This form is to be completed by official town staff only. A copy of this completed form will be provided to the applicant, upon request.

