

**LAKEWAY MUNICIPAL UTILITY DISTRICT
APPLICATION FOR SERVICE**

DATE _____

OWNERS NAME: _____ TELE # _____

SERVICE ADDRESS: _____ LAKEWAY, TX 787 _____

BILL TO: _____ SS# _____

ADDRESS: _____
Street Address or P.O. Box # CITY/STATE/ZIP

TELE # _____

*GRINDER PUMP SYSTEM: _____ YES _____ NO
 *MUST BE INTIALED
 BEFORE PERMIT IS ISSUED.

The undersigned certifies that as Owner, Builder, or Agent of Owner of Section _____, Lot _____, for the granting of water and/or wastewater service, to abide by, and pay and conform to all Rules, Regulations, Plumbing Code Requirements, Charges and Fees of the Lakeway Municipal Utility District and that the above information is true and correct to the best of my knowledge. I hereby agree to locate and expose the appropriate wastewater tap location (if applicable) prior to installation of the water meter or initiation of any new construction of any kind. I understand that the water meter will not be installed until the wastewater tap location (if applicable) has been approved by the District for location and flow.

NAME: _____ SIGNATURE: _____
Please Print Owner / Builder / Other

I RECEIVED THE INFORMATION PACKET PROVIDED _____ (PLEASE INTIAL)

NEW _____ Remodel _____ S/P _____ S/S _____ Other _____

WATER SERVICE

WASTEWATER SERVICE

4140- WT Meter Size _____ \$ _____ 4160- WI Plumbing Insp. Fees _____ 2140- SD S/D Receipt # _____ 1340- 31 Standby A/R _____	4240- ST Tap Size _____ \$ _____ 4260- SI Plumbing Insp. Fees _____ 4285-WWA OD Application Fee _____ Approved/Denied * _____ 4285-WWA Capacity Reserve Fee _____ Other _____ TOTAL FEES \$ _____
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DATE PAID: _____ RECEIVED BY: _____

WORK ORDER # _____ PLMB PERMIT _____ AVR _____

DATE INSTALLED _____ METER # _____ BEGINNING READ _____

PRESSURE PLANE _____ METER COUNT _____
MAP _____ S/B FINALED _____ NEW ACCT# _____ SEQ. # _____

* cc to RE _____