



Application for Water Tap

401 E. Lincoln Ave., Chandler, IN 47610 | billing@townofchandler.org | 812-925-6882 ph

CUSTOMER USE:

PLEASE PRINT

Date of Application: _____ Requested Date for Start of Service: _____

Name of Applicant: _____

Phone #: _____ Cell Phone #: _____

Service Address: _____

Subdivision: _____ Lot #: _____ Within Town Limits: Yes No

Size of Meter: 5/8" x 3/4" 1" 1 1/2" 2" 3" 4" 6" Type of Service: Domestic Irrigation

Facility Type: Residential Commercial Apartments Medical Industrial

E-Mail Address: _____ Bill Receiving Options: Paper E-Bill Both

Bill Service To: Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Signature: _____

OFFICE USE: Water CD #: _____ Sewer CD #: _____ Sewer Permit #: _____

Water Tap Fee: _____ Water System Dev. Fee: _____ Water Rec #: _____

Sewer Tap Fee: _____ Sewer System Dev. Fee: _____ Sewer Rec #: _____

Application taken by: _____

FIELD USE: Meter Service: Long Short Auto Sprinkler Size: _____

W/in 1,000 ft. of Hydrant: Yes No Private Hydrant; #: _____

Locate #: _____

Location of Service: _____

Install Date: _____ Installed By: _____

Meter ID #: _____

Smart Point #: _____

Map Date: _____ Mapped By: _____