

Application for Water Tap

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

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 1/4"	Type of Service: ☐ Domestic ☐ Irrigation
		□ Apartments □ Medical
E-Mail Address:		
Bill Service To: Name:		
Address:		
City:	State:	Zip Code:
Applicant's Signature:		
OFFICE USE: Water CD #:	Sewer CD #:	Sewer Permit #:
Water Deposit: Water	er Tap Fee:	Water System Dev. Fee:
Sewer Deposit: Sewe	er Tap Fee:	Sewer System Dev. Fee:
Application taken by:		
FIELD USE: Meter Service: ☐ Long ☐ Short Auto Sprinkler Size:		
W/in 1,000 ft. of Hydrant: ☐ Yes ☐ No	o □ Private Hydrant; #:	
Locate #:		
Location of Service:		_
Install Date: Inst		
Install Date: Installed By: Meter ID #:		
Smart Point #:		
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