



**City of Traverse City
Water Tap Application**

Application #: _____

Date: _____

I, _____ (print) hereby make application to have water services installed at the following location:

Service Address: _____

Cross Streets: _____

Owner's Name: _____

Phone: _____

Contractor's Name: _____

Phone: _____

Tap Only:

1"
1.5"
2"
4"
6"
8"
10"
12"

Cost/Per

\$207.00	
\$232.00	
\$258.00	
\$567.00	
\$773.00	
\$979.00	
\$1,185.00	
\$1,391.00	

Meter Charges:

3/4"
1"
Greater than 1" diameter
Misc Materials

\$412.00	
\$515.00	
T&M	
T&M	

Total Cost: _____

Total Paid: _____

Billing Address #1:

Responsible For:

- Tap/Service Fees
- Meter Fees

Billing Address #2:

Responsible For:

- Tap/Service Fees
- Meter Fees

By signing below, I the applicant certify that the information listed on this application, including billing information is true and accurate.

Signature of Applicant

Date service was installed: _____

Superintendent Signature: _____