CITY OF EDINBURG - WATER DEPARTMENT

WATER TAP WORK ORDER

FOR OFFICE USE ONLY

Work Order No.: 20- 0579

Water Account No.: _____

SECTION I. TO BE FILLED IN BY CUSTOMER

Date: _____ Telephone: _____

Name: _____

Service Address: _____

Lot: _____ Blk: _____ Subd/Acre: _____

Check: Inside City: _____ Outside City: _____

Type of Construction: New: _____ Rehab: _____

Billing address: _____

Meter Size* : _____ Other: _____

Owner _____
Contractor _____
Other _____

Estimated Time
2 to 3 weeks

ALL METERS SHALL BE PLACED AT A LOCATION NEAREST TO THE EXISTING SERVICE LINE

Taps that will require a 3" or larger meter will be based on actual cost of materials and labor performed.

Tap Requested by: X _____
Signature

SECTION II. OFFICE USE ONLY

DATE OF WORK: _____

INSTALL METER: YES _____ NO _____

METER NO: _____ READING: _____ DIAL: _____

METER LOCATION: _____

SPECIAL INSTRUCTIONS: _____

RECEIPT NO.: _____

DEPOSIT AMOUNT: $ _____

WATER TAP FEE: $ _____

OTHER FEES: $ _____

TOTAL: $ _____

CASHIER: _____ DATE: _____

_____ _____
SET UP DATE CASHIER

SECTION III. LEAVE BLANK. OFFICE USE ONLY

Material Used:	COST

EQUIPMENT

SUB TOTAL	

LABOR	COST
SUBTOTAL	
TOTAL	

SEWER CHARGE: YES _____ NO _____

COMMERCIAL _____ RESIDENTIAL _____

SERVICEMAN _____ DATE _____

BORE: YES _____ NO _____

SECTION IV. A/R BILLING USE ONLY

TOTAL ACTUAL COST: _____

LESS ESTIMATED TAP FEE: < _____ >

REFUND DUE TO CUSTOMER: $ _____

BALANCE DUE FROM CUSTOMER: $ _____

ACCOUNT NUMBER: _____

_____ _____
PROCESSED BY BILLING DATE

* ALL METER SIZES SHALL REQUIRE PRIOR APPROVAL BY THE UTILITIES DEPARTMENT. FINAL METER SIZE DETERMINATION WILL BE MADE BY THE CITY AND SHALL BE BASED ON CONSUMPTION STANDARDS.