

Application for Sanitary Sewer Service

Date of Application _____

Applicant or Business Name: _____

Billing Address: _____

Telephone Number: _____

Email Address: _____

Service Address: _____

Subdivision: _____

Information below is to be completed by the Taylor Regional Sewer District

Service Type: RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____

Equivalent Dwelling Units _____

District EDU Approval: _____ Date: _____

Charges & Fees:

Number of EDUs X Capacity Fee = \$ _____

Sewer Service Application & Inspection Fee = \$ _____

Total Payable = \$ _____

District Approval:

I, _____, as a representative of the Taylor Regional Sewer District, do hereby certify to the respective Sewer Board that the above applicant has applied for and paid all applicable fees and is approved for service from the Taylor Regional Sewer District on this date:

All checks should be made payable to: Taylor Regional Sewer District

- ❖ **Important:** For connection criteria and guidelines, refer to the Standard Construction Details & Specifications as adopted by the Taylor Regional Sewer District.