

East River Regional Sanitation District

350 Country Club Drive, Suite 112A
Crested Butte, CO 81224
Phone (970) 349-7411 Fax (970) 349-5054

APPLICATION FOR SEWER SERVICE

Applicant Information

Owner Name: _____
Mailing Address: _____

Phone Number: _____

Contractor Information

Primary Building Contractor:
Address: _____

Phone Number: _____

Sewer Install Contractor:
Address: _____

Phone Number: _____

Property Information

Property Address / Lot #: _____

Number of Bathrooms: _____
Number of Kitchens: _____
Number of Additional Fixtures: _____

EQR Calculation (by District): _____

Applicant certifies by his/her signature that he/she is the owner or owner's representative for the property described herein, that he/she has a copy of the East River Regional Sanitation District's Rules and Regulations and agrees to be bound by their terms and conditions, that all the information contained in this Application or Attachments hereto are true and correct, and that he/she understands and agrees that any tapping permit or other approval given by the District to this Application and any work prosecuted pursuant hereto is conditioned upon the accuracy of such information and his/her adherence to such Rules and Regulations.

Applicant must file insurance certification with the insurance required by the District on the installation contractor, prior to installation of sewer lines.

Applicant Signature: _____ Date: _____

Total EQR's: _____
Tap Fee: _____

Amount Paid: _____
Date Paid: _____
Check No.: _____