

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

APPLICATION FOR WATER SERVICE

Applicant Information

Owner Name: _____
 Mailing Address: _____

 Phone Number: _____

Contractor Information

Primary Building Contractor: _____
 Address: _____

 Phone Number: _____

 Water 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 Skyland Metropolitan 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 water lines.

Applicant Signature: _____ Date: _____

Note: Water Meters and Remote Read-outs are required and must be purchased from the District.

Total EQR's: _____	Amount Paid: _____
Tap Fee: _____	Date Paid: _____
	Check No.: _____