

STEPHENS REGIONAL SPECIAL UTILITY DISTRICT

P.O. Box 1621 Breckenridge, Texas 76424

PROSPECTIVE SERVICE & FEASIBILITY REQUEST APPLICATION FOR DEVELOPMENTAL OR NON-STANDARD SERVICE

Date _____

Please Print

APPLICANT'S NAME _____

MAILING ADDRESS: _____

SUBDIVISION NAME _____

PHONE NUMBER – Home () _____ Work () _____

Fax () _____

PROOF OF OWNERSHIP PROVIDED BY _____

IF DIFFERENT FROM APPLICANT, PLEASE PROVIDE THE FOLLOWING:

PROPERTY OWNER'S NAME: _____

DEVELOPER'S NAME: _____

FINANCING OF DEVELOPMENT BY: _____

APPLICANT'S ENGINEER: _____

DRIVER'S LICENSE NUMBER OF APPLICANT _____

LEGAL DESCRIPTION OF PROPERTY

PREVIOUS OWNER'S NAME

SPECIAL SERVICE NEEDS OF APPLICANT: _____

NOTE: FORM MUST BE COMPLETED AND SIGNED BY APPLICANT ONLY. A DETAILED OUTLINE OF YOUR SERVICE REQUEST INCLUDING THE NUMBER OF METERS AND SIZES, HOUSEHOLD AND/OR DWELLING SIZE(S), NUMBER OF OCCUPANTS PER DWELLING, AS WELL AS ANY OTHER RELEVANT INFORMATION PERTAINING TO THE REQUESTED WATER SERVICE. APPLICANT MUST ALSO ATTACH 2 – 24"x36" AND 1- 12"x14" COPIES OF THE PLAT OF THE PROPERTY DETAILING THE LOCATION AND DETAILED INFORMATION FOR THIS SERVICE REQUEST.

NON-STANDARD SERVICE INVESTIGATION FEE:

DATE PAID: _____

CHECK NO. : _____

AMOUNT PAID: _____

BY MY SIGNATURE BELOW, I CERTIFY THAT THE INFORMATION IN THIS APPLICATION AND ALL ATTACHMENTS ARE TRUE, ACCURATE AND COMPLETE.

APPLICANT SIGNATURE _____

TITLE _____

The Applicant shall be the individual, partnership or corporation who will execute the Non-Standard Service Agreement for the project. For a partnership or corporation, please state the title of the person who will act for the entity.

Stephens Regional SUD Is an equal opportunity provider and employer

Date Received: _____ Feasibility Fee Paid: _____ Date Plat Received: _____ All Forms Complete: _____