



(512)246-1400 Office  
 (512) 246-1900 Fax

MAIL TO:  
 Crossroads Utility Services  
 2601 Forest Creek Drive  
 Round Rock TX 78665-1232

**TRAVIS COUNTY MUD#12**

**TAP AND FEE APPLICATION**  
 For Water/Wastewater Service

Date of Application: \_\_\_\_\_  
 Applicant: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Applicant's Plumber: \_\_\_\_\_ Plumber's Telephone: \_\_\_\_\_  
 Application is for (please circle all that apply):                      Water              Sewer              Fire Hydrant  
 Meter Size: \_\_\_\_\_

**ALL FEES ARE PAYABLE TO THE DISTRICT**

Please supply the following information:

	Address	Zip Code	Lot	Blk	Sect.	*Sq. Ft.	District Use Only
							Folio #
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____

\* Excludes Carports and Garages

An approved water tap inspection starts the billing. Applicant will receive a bill UNTIL WE RECEIVE A COPY OF CUSTOMER SERVICE INSPECTION CERTIFICATE FROM BUILDER OR PLUMBER, we can then transfer to next owner.

I, the Applicant agree to comply with the following:

All plumbing inspections will be performed by the District's approved plumbing inspector:

**(It is the Builder's responsibility to call before starting construction. Please contact us for the inspector's current contact information.)**

The owner's cut-off valve & meter box with lid shall be in place at the time of meter installation for complete inspection. I will notify Crossroads Utility Services in writing 24 hours in advance to request the final inspection and install my meter by faxing in my request to (512) 246-1900.

\_\_\_\_\_  
 Applicant Signature

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Fire Hydrant Deposit : \_\_\_\_\_