

**Highlands Ranch Metropolitan District
Application for Water & Sewer Services**

Project Name _____ Phone # _____

Project Address _____

Filing _____ Lot # _____

Owner/Developer _____ Phone # _____

Address _____

Bill to _____

Address _____

Billing Contact _____ Phone # _____

For Office Use Only

Service Type: () Domestic () Irrigation
Service Classification: () Commercial () Multi-Family () Other _____

Fees:

Tap Fee _____ Service Size _____
Meter Fee _____
System Development Fee _____
Total Paid _____

Received By: _____ Date: _____

Install: Documents Complete _____

 Meter Requested _____

Meter Type: _____ Serial Number _____

Date: _____ ESN _____

Installed by: _____

Return Fee _____ Comments _____

Location # _____ Account # _____

Setup Date: _____ Services _____