



MERIDIAN SERVICE METROPOLITAN DISTRICT  
Water, Wastewater, Parks and Recreation  
11886 Stapleton Dr, Falcon, CO 80831  
719-495-6567, Fax 719-495-3349

## TAP REQUEST FORM

**\*MANDATORY 48 HOURS NOTICE REQUIRED TO PROCESS THIS TAP REQUEST\***

**Email Completed Form to [AR@meridianservice.org](mailto:AR@meridianservice.org)**

Date \_\_\_\_\_

Owner Name (if different than Builder) \_\_\_\_\_

Builder Name \_\_\_\_\_

**Builder Contact Information:**

**(Mailing Address – for hard copy of original Tap Receipt)** \_\_\_\_\_

**(Phone)** \_\_\_\_\_

**(Email –Point of Contact relating to this Tap Request)** \_\_\_\_\_

**(Email – Administrative Contact)** \_\_\_\_\_

Tap Location (Address) \_\_\_\_\_

Subdivision/Filing/Lot # \_\_\_\_\_

Tap Size Requested (Circle One):     $\frac{3}{4}$ "    1"    1 ½"    2"    Other: \_\_\_\_\_

Desired Payment Method (Circle One):    ACH    WIRE TRANSFER

**DOCUMENTATION ENCLOSED:** \_\_\_\_\_ **(REQUIRED)** Settlement Statement (for verification of the address/legal description of the Property where the tap is located and where the meter will be set)

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ (Water Tap Fee) + \_\_\_\_\_ (Sewer Tap Fee) + \_\_\_\_\_ (Meter Fee) = \_\_\_\_\_ TOTAL DUE

Notification/Invoice Generated: \_\_\_\_\_ (date/time)

Confirmation of Fees Received in Full: \_\_\_\_\_ (date) - **TAP RECEIPT NUMBER #** \_\_\_\_\_

Tap Receipt Emailed \_\_\_\_\_ (date/time) - Original Tap Receipt Mailed \_\_\_\_\_ (date)