

indian hills water district

INDIAN HILLS WATER DISTRICT TAP APPLICATION FOR WATER LICENSE

Date received by IHWD: _____ Time: _____

Street address where water tap will be located:

Owners Name(s): _____

Current Mailing Address: _____

Phone #(s): _____

E-Mail: _____

This application must be for a property within the Indian Hills Water District. In order for this application to be accepted, a copy of the most recent Jefferson County tax statement must be attached and list the **IHWD** in the Tax Authority column.

Copy of Jeffco Property Tax Statement attached? Yes No

Is there an existing building on the property? Yes No

What is the building used for? Residence Business Other: _____

Details:

How many people reside (or will reside) at this property? _____ Number of bedrooms _____

Is there an operating well on the property? Yes No

Is this an application for a hardship tap? Yes No

(If yes, Please complete the Hardship Questionnaire)

If there is an existing well, has it been tested for: Production? Quality?

Details: _____

A deposit of \$100 is required.

Please sign below indicating all information on this application is correct and that, if approved, use under the license for the tap must be as limited and defined by the Rules and Regulations of the Indian Hills Water District. Rules and Regulations are available at www.indianhillswater.com
The tap fee is due 90 days after the tap approval date.

Signature: _____

Date: _____

Signature: _____

Date: _____