



**CITY OF DAYTON  
UTILITY SERVICE REQUEST & IMPACT FEE ASSESSMENT**

NEW      CHANGES TO EXISTING      LOCATE      APPLICATION DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ PROPERTY OWNER IF DIFFERENT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PHYSICAL ADDRESS WHERE SERVICE IS REQUESTED: \_\_\_\_\_  
(ONE ADDRESS PER APPLICATION)

PARCEL # (LIBERTY CAD): \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SECTION: \_\_\_\_\_ ACREAGE: \_\_\_\_\_

----- UTILITY SERVICE REQUESTED -----

WATER:                  DOMESTIC METER SIZE \_\_\_\_\_          IRRIGATION/SPRINKLER METER SIZE \_\_\_\_\_          # OF HEADS \_\_\_\_\_  
ESTIMATED AVG USAGE (gallons per day): \_\_\_\_\_          (gallons per day): \_\_\_\_\_

SANITARY SEWER:      SIZE \_\_\_\_\_

ADDITIONAL NOTES: \_\_\_\_\_

**Completed forms can be dropped off at 117 Cook Street or emailed to [vgreen@daytontx.org](mailto:vgreen@daytontx.org)**

**Texas Law 30 TAC 290 — A Customer Service Inspection is required for all NEW connections or connections that have been inactive for more than one (1) year before water service can be provided. Backflow devices are required for certain connections as defined by 30 TAC 290. It is the responsibility of the owner to ensure the inspections are submitted on line to <https://bsionline.com/> at their expense.**

**FOR OFFICE USE ONLY**

UTILITY TAPS				TAPS SUBTOTAL
WATER TAP	(200-00-5315)	S/S	L/S	<i>Contractor to make taps &amp; installs; coordinate with Public Works, Reilly Alexander 936-402-3437, on material type and inspections.</i>
SEWER TAP	(200-00-5316)	S/S	L/S	

ASSOCIATED SERVICES	(200-00-5411)	ASSOCIATED SERVICES SUBTOTAL
ROAD CUT	OTHER _____	
ROAD BORE	OTHER _____	

LOCATE EXISTING CONNECTION			
CIVIL INSPECTOR / PW STAFF ON-SITE		METER BOX	
METER & RADIO	(200-00-5318)		<b>METER &amp; RADIO SUBTOTAL</b>

IMPACT FEES			IMPACT FEE SUBTOTAL
WATER – DOMESTIC	(141-00-5900)	METER SIZE: _____ FEE: _____	
WATER – IRRIGATION	(141-00-5900)	METER SIZE: _____ FEE: _____	
SEWER	(141-00-5901)	METER SIZE: _____ FEE: _____ <small>(based on water meter size)</small>	

**APPROVED**

PUBLIC WORKS: \_\_\_\_\_ DATE: \_\_\_\_\_          GIS: \_\_\_\_\_ DATE: \_\_\_\_\_

**This utility service request is valid for a period of 12 months from the approval date.**

**TOTAL COST:** \_\_\_\_\_          PAID / DATE: \_\_\_\_\_          ACCOUNT #: \_\_\_\_\_

APPLIED PAYMENTS: \_\_\_\_\_          RECEIVED BY: \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_          NOTIFY:          UB          PW  
MTR TCH

ADDITIONAL NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR WATER SERVICE, WAS A CSI REPORT RECEIVED?**  
YES          NO