

Thank you for contacting the City of Tampa for your water and wastewater utility service needs. We have assembled this package to help ensure that your new water and wastewater services are activated as quickly as possible, to provide you with copies of the required documents and to help guide you through the process of obtaining new service.

Please be advised that the City of Tampa is organized into separate departments to provide water and wastewater services. As a result, you will be required to coordinate with representatives from both departments to obtain each of these services.

In order to facilitate the application process, the Water and Wastewater Departments utilize combined utility applications (enclosed). This application package is for single family residence projects. A different application is used for multi-family or non-residential projects. This application form is available at www.tampagov.net/establishutilityservice. In addition to the application, supplemental documentation may be required by one or both Departments.

This application packet contains:

- Utility Service Application
- Water Meter Placement Form
- Sewer Lateral Placement Form

Assistance with the completion and submission of the forms in this packet is available in person at the City of Tampa Development Services Center, 1400 North Boulevard, or by contacting a Client Facilitator at (813) 274-3100.

Utility Service Application for Single Family Residence/Duplex

				Owner In	formation						
Full name of property owner (if company, provide contact person):										Phone	
Address:							City		State	Zip	
Mailing address (if different from above):						City		State	Zip		
Last four (4)	digits of Soci	al Security #:	Driver's Lie	cense # & Sta	ite:		Email:				
				Property I	nformatio	า					
Address:							City		State	Zip	
Billing address (if different from above):							City		State	Zip	
Tax Folio # a	nd/or legal d	escription (lo	ot, block, subd	livision, and/	or metes & b	ounds):	1		1		
Structure: Existing Proposed If existing, date building was constructed:						DATE RE	DATE RECEIVED				
City Limits: ☐ Inside ☐ Outside											
Construction Services Project / Num Permit Number:			Number o	r of people:							
Requested meter size:			Date water se	ite water service needed:							
			Autl	norized Ag	ent Inform	ation					
Name of par	rty authorized	d to act on ov	wner's behalf:						Phone		
Address:							City		State	Zip	
Email:											
project must above projec	be metered an t are informed	d billed. Appli of the need to	cant will take a meter all wate	ll actions nece r used or wast	essary to ensu ewater discha	re that all o	portion of the c contractors and e working at the ed to the applica	l subcor e above	ntractors w	orking on the	
Signature of	owner or au	thorized age	nt:				Date:				
				Official	Use Only		1				
Atlas Page	Meter Size	Street and Water Main Served From			rom		Water	Fees	Was	stewater	
					Application		Application				
WW District	Adj Line?	New Tap?	Well	Plumbing Release	Improvement Type	t Connec	Connection Ca		apacity		
						Security	Security Deposit Se		ecurity Deposit		
						CIAC		A	id in Cons	truction	
Water Commitment expires unless payment is made within 90 days.					Meter Ir	Meter Installation Se		ewer Improvement			
					Total \$	Total \$					

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City of Tampa Water Department Water Meter Placement Form

Please indicate, with an "X", where on your property you would like your meter installed. Show driveways, fences and other obstruction. Designate nearest intersecting streets and direction. If converting from a well, please indicate existing well location with a "W."

Name:			
Address:			
Phone:			
1		I	
	BUILDING STRUCTURE		
	(street name)	_	
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Please note: If meter placement is not indicated, the City of Tampa will select the most appropriate meter placement location. Additionally, the City of Tampa reserves the right to place the meter in an alternate location if they cannot accommodate the customers request.

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City of Tampa Wastewater Department Sewer Lateral Placement Form

This form should be used for addesses where no sewer service laterals are present or a new location is requested (or submit a site plan). Please indicate with an "X", where on the property you would like the lateral installed. Show driveways, fences and existing obstructions. Designate nearest intersecting streets and direction (Costs and installation will be delayed until this form or a site plan is received).

Name:			
Address:			
Phone:			
1	1 1 1	ı	
	BUILDING STRUCTURE		
	(street name)		

Please note: if lateral placement is not indicated, the City of Tampa will select the most appropriate lateral placement location. Additionally, the City of Tampa reserves the right to place the lateral in an alternative location if they cannot accommodate the customers request.

WAT-E-3 (rev. 7/15)