



**SOUTH FORT COLLINS SANITATION DISTRICT
TAP APPLICATION**

Office Address: 2560 E County Road 32
Fort Collins, CO 80528

Phone: (970) 226-2484
<https://sfcsd.net>

**** Please note owner of parcel MUST be Applicant, verified through current ownership from Larimer County Assessor and sign all District forms. If the Name of Applicant is different than Assessor record, a signed written authorization from current owner must be submitted with application to communications@sfcsd.net. ****

Application Date: _____ Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Phone No.: _____

Contact email: _____

Subdivision: _____ Basin: _____

Filing Name: _____

Tap Street Address and City: _____

Lot: _____ Block: _____ Parcel No.: _____ Attach Larimer County Property Record

Residential Single Family Residential Multi-Family Number of Dwelling Units: _____

Water Tap Size (circle one):	3/4"	1"	1.5"	2.0"	3.0"	4.0"	6.0"
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Commercial Tap (Pretreatment Questionnaire Required) Commercial Tap Size: _____

Water Tap Size (circle one):	3/4"	1"	1.5"	2.0"	3.0"	4.0"	6.0"
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Raw Water Provider: FCLWD City of Fort Collins

Applicant Signature _____

Application Date _____

Office Use Only

Payment Date: _____ Check No.: _____ Sewer Account No.: _____

Service Type: _____ Basin: _____

Engineering Approval: _____ Date/Initial: _____

Finance Approval Total Tap Value: \$ _____ Date/Initial: _____

**Application expires six months (180 days) from date of application.
Upon expiration, a new application will need to be submitted.**