Highlands Ranch Metropolitan District
Application for Water & Sewer Services

Project Name_____ Phone #_____

Project Address_____

Filing_____ Lot #_____

Owner/Developer_____ Phone #_____

Address_____

Bill to _____

Address_____

Billing Contact_ _____ Phone # _____

For Office Use Only

Service Type: ( ) Domestic ( ) Irrigation
Service Classification: ( ) Commercial ( ) Multi-Family ( ) Other _____

Fees:

Tap Fee _____ Service Size _____
Meter Fee _____
System Development Fee_____
Total Paid _____

Received By: _____ Date:_____

Install: Documents Complete_____

Meter Requested_____

Meter Type:_____ Serial Number _____

Date:_____ ESN _____

Installed by:_____

Return Fee_____ Comments_____

Location #_____ Account #_____
Setup Date: _____ Services_____