



BACA GRANDE WATER AND SANITATION DISTRICT

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APPLICATION FOR DISCONNECTION or RE-CONNECTION OF SERVICE FORM

This application is a request to disconnect or re-connect services from the Baca Grande Water and Sanitation District (“District”) water and sewer system.

DISCONNECT or RECONNECT

Customers may voluntarily discontinue service upon disconnection of water and/or sewer service in accordance with the District Rules and Regulations. Customers will be required to pay all applicable fees and costs associated with the actual disconnection. The current fee to disconnect or reconnect services is 50% of the current Connection fee charged by the District.

Disconnection of service will require termination of the water and sewer service lines to the subject property by District Staff or a District approved contractor in accordance with construction standards established by the District and set forth herein. All District equipment may be removed from the property.

Disconnection will have occurred upon inspection and approval of the actual disconnection by the Operations Manager or District’s Engineer. A Disconnection Permit will be issued upon the District’s approval of the physical disconnection.

Disconnected properties will not be subject to monthly service charges commencing on the date of issuance of the Disconnection Permit; however, the disconnected properties will become immediately subject to the District’s then-current Availability of Service Fees and shall pay a pro-rated Availability of Service Fee for the remainder of that calendar year in accordance with the due dates established for other Availability of Service Fee customers.

An *Application for Reconnection* will be required in the event the property owner requests reconnection to the system, at which time all applicable connection fees will be due. Tap Fees, once paid in full for a subject property will remain in good standing regardless of the status of connection to the system.

All fees are subject to the District’s current fee schedule.

PROPERTY OWNER INFORMATION

NAME: _____ PHONE: _____

UNIT: _____ LOT #: _____

PLATTED STREET: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT INFORMATION

NAME: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT SIGNATURE: _____ DATE: _____

