



Baca Grande Water and Sanitation District

P.O. Box 520 | 57 Baca Grant Way S.
Crestone, CO 81131-0520

SERVICE LINE APPLICATION

Use this form if you have an additional unit, a multi-family home or a home business.

Please provide us with the current information regarding your property.

Kindly complete the form and return to the Baca Grande Water and Sanitation District, Box 520, Crestone, CO 81131

Contact Name:	Account Number:
Service Address:	Mailing Address:
Phone Number:	Date:

Owner's Name: _____

Business Name: _____

Please check all that apply		
Commercial: <input type="checkbox"/> Y <input type="checkbox"/> N	Residential: <input type="checkbox"/> Y <input type="checkbox"/> N	Tax Exempt: <input type="checkbox"/> Y <input type="checkbox"/> N
Type of Business:		
<input type="checkbox"/> B&B	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Detached Unit
<input type="checkbox"/> Duplex	<input type="checkbox"/> Retreat	<input type="checkbox"/> Other (Please describe)

Dwelling Units		
<input type="checkbox"/> Single Family	<input type="checkbox"/> Sink Kitchen	<input type="checkbox"/> Shower/Tub
<input type="checkbox"/> Multi-Family – 651 sq. ft or more	<input type="checkbox"/> Sink Bathroom	
<input type="checkbox"/> Multi-Family – 651 sq. ft or less	<input type="checkbox"/> Toilet	
Dwelling Units - Transient		
<input type="checkbox"/> Hotel/Motel/Lodge with Kitchen		
<input type="checkbox"/> Hotel/Motel/Lodge without Kitchen		
<input type="checkbox"/> Boarding House	How many rooms? _____	
<input type="checkbox"/> Dormitory	How many beds? _____	
<input type="checkbox"/> Bed & Breakfast	How many rooms? _____	

APPLICATION COST \$250.00

APPLICATION FEE PAID: \$ _____ **DATE:** _____ **PAYMENT TYPE:** _____

The undersigned applicant hereby agrees to conform to all of the rules and regulations of the Baca Grande Water and Sanitation District.

BGWSD Utility Superintendent Signature Date

Signature of Owner or Applicant Date

BGWSD District Manager Signature Date