



P.O. Box 570
 Adkins, TX 78101
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SERVICE AVAILABILITY REQUEST FOR STANDARD SERVICE	
Name of Applicant:	Date:
Mailing Address:	
Applicant's Phone No.	Email Address:
Home <input type="checkbox"/>	Other <input type="checkbox"/>
Location of Requested Service:	
FOR DISTRICT USE (\$80.00 Minimum)	
Application Received:	Application Review Deposit:
ENGINEER'S COMMENTS	
File #	Application Received:
Served By: _____ Main (A/C or PVC)	Minimum Flow:
PRESSURE AVAILABLE	
Elev. Of Highest Meter is _____ Feet	Application Approved <input type="checkbox"/>
Static Head _____ Feet	Not Approved <input type="checkbox"/>
Minimum Pressure _____ PSI	
Recommendations:	
BY:	Date:
Construction Requirements:	
COST BREAKDOWN	
Deposit	\$
Meter	\$
Impact Fee	\$
Water Acquisition Fee	\$
Road Bore	\$
Customer Service Inspection Fee	\$
Line Extension	\$
TOTAL COST	\$