DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER & SEWER OPERATIONS
TAP CARD INFORMATION FORM

Save

Print Form

1. Work Type: 2. Permit/ Contact # :

3. Plumber's Name: 4. Plumber's License #:

Complete the following to describe the connection and location:

5. Address Number: 6. Street Name:

7. Address AKA (if applicable):

8. Borough: 9. Block: 10. Lot:

11. The connection type is . 12. The Tap/Wet/T connection size is inches.

13. The main type is 14- 15. The main size is inches at a depth of feet.

16-18. The connection is located on (Street Name)

between: and

19-26. The exact location is feet of the and

feet of the .

27. If other property address, provide address below:

28. The service type is . 29- 30. The size of service pipe is inches and the material is .

31. Total length of the service pipe is feet. 32. The length of pipe that was repaired (for repairs only): feet.

33. Date Work Performed

34. Notes/Comments

I CERTIFY:
THAT THE INFORMATION CONTAINED HEREIN IS TRUE, ACCURATE AND COMPLETE. FALSIFICATION OF ANY STATEMENT CONTAINED MAYBE PUNISHABLE BY A FINE OR IMPRISONMENT OF BOTH (NYC ADM. CODE. SEC.24-346).

Signature

LMP
Original Seal

Date: