

**FULTON COUNTY
SEWER TAP CONTRACTOR APPLICATION**

Business Name: _____

Contact Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

I/We hereby apply to perform public sewer main tapping and service line/fitting installation work in Fulton County Sewer District service areas for pre-approved sewer taps. I/We, further, agree to comply with all applicable Federal, State, Local and Fulton County Water & Sewer District Rules and Regulations of the sewer tapping and service line installation work. I/We, further, agree to indemnify and save Fulton County harmless from any and all injury or damages or claims of injury or damages which it may suffer of be subjected to by reason of the exercise of the authority and permission herein granted, during said work. A copy of my/our Insurance Certificate naming the Board of Fulton County Commissioners (as additional insured) is attached. Below is a list of my/our prior public sewer main tapping and service line installation work experience and references (City, Type of Work, and Year).

1. _____

2. _____

3. _____

Applicant _____ Date: _____
(Signature)

(Office Use Only)

Comprehensive General Liability _____ Expiration Date _____

Completed Operation & Products Liability _____ Expiration Date _____

Action Taken: _____ By: _____ Date: _____

Comments:

