

MAIL OR FAX  
COMPLETED FORM TO:

CROSS VALLEY WATER DISTRICT

8802 180th St SE SNOHOMISH, WA 98296-4804

TEL: (360) 668-6766

FAX (360) 668-9634

INQUIRY FOR COST OF NEW WATER SERVICE

PLEASE PRINT OR TYPE

DATE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX PHONE: \_\_\_\_\_  
CITY/ST/ZIP: \_\_\_\_\_ ARE YOU THE PROPERTY: OWNER PURCHASER AGENT

INFORMATION REGARDING YOUR REQUEST:

\*\*\*PLEASE COMPLETE ALL OF THIS FORM - USE N/A FOR THE AREAS THAT DO NOT APPLY TO YOU.

ADDRESS OF INQUIRY: \_\_\_\_\_

TAX ACCOUNT #: \_\_\_\_\_ LOT #: \_\_\_\_\_ SHORT PLAT #: \_\_\_\_\_

TYPE OF SERVICE: \_\_\_\_\_ Meter Size Requested: (Circle one) 5/8" 3/4" 1" 1 1/2" or \_\_\_\_\_ (insert size)

\_\_\_\_\_ Single Family Residential \*\*Most single family customers use the 5/8" or the 3/4" meter size.

\_\_\_\_\_ Multi-Family

\_\_\_\_\_ - Mother-in-Law Apartment or Detached Dwelling

\_\_\_\_\_ - Duplex # Units: \_\_\_\_\_ Fire Sprinkler System - yes \_\_\_\_\_ no \_\_\_\_\_

\_\_\_\_\_ - Multi Plex # Units: \_\_\_\_\_ Irrigation Systems - yes \_\_\_\_\_ no \_\_\_\_\_

\_\_\_\_\_ - Condo's # Units: \_\_\_\_\_

\_\_\_\_\_ - Apartments # Units: \_\_\_\_\_

\_\_\_\_\_ - Mobile Homes # Units: \_\_\_\_\_

Will there be other buildings on the property needing water?

\_\_\_\_\_ Church \_\_\_\_\_ Garage \_\_\_\_\_ Additional Mobile or Trailer

\_\_\_\_\_ Park \_\_\_\_\_ Apartment \_\_\_\_\_ Other - explain \_\_\_\_\_

\_\_\_\_\_ Restaurant \_\_\_\_\_ Barns \_\_\_\_\_

\_\_\_\_\_ School

\_\_\_\_\_ Commercial

\_\_\_\_\_ Industrial

\_\_\_\_\_ Municipality

\_\_\_\_\_ Nursery

\_\_\_\_\_ Other \_\_\_\_\_

IMPORTANT: The following information is required in order to complete your request. Single Family Residential inquiries do not need to complete this section:

What is your estimated peak usage, \_\_\_\_\_ Gallons in gallons, per day? \_\_\_\_\_

Please describe what you intend to use this property for. (Example; single family residence; church; automotive repair shop; four-plex housing unit, park for home-owners association etc.)

Upon completion of your request, would you like it mailed or faxed to you? Provide information below.

Fax to: \_\_\_\_\_

Mail to: \_\_\_\_\_

Signature: \_\_\_\_\_

FOR CROSS VALLEY USE ONLY

Estimated cost for service for the above address/tax parcel is:

\_\_\_\_\_ inch meter \$ \_\_\_\_\_

General Connection Charge \$ \_\_\_\_\_

Local Connection Charge \$ \_\_\_\_\_

ROW Permit \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

This estimate is based on the information provided - any changes or revisions to this property will void this estimate. This estimate is good for \_\_\_\_\_ days, prices are subject to change without notice.

Request processed by: \_\_\_\_\_ Request was mailed or faxed on: \_\_\_\_\_

Estimate may be subject to addtn'l conditions. See NOTE below.

NOTE: