

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 SEWER 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.

INQUIRY: _____
 TAX ACCOUNT #: _____ LOT #: _____ SHORT PLAT #: _____

TYPE OF SERVICE:

Multi-Family #Units _____
 Condo's #Units _____
 Park
 Restaurant
 School
 Commercial
 Industrial
 Municipality
 Church
 Food Processing
 Nursery
 Manufacturing
 Other _____

Will there be more than one building connected to the sewer? _____
 Number of buildings: _____

IMPORTANT: The following information is required in order to complete your request.

Side sewer permit is required on all sewer connections.

What is your estimated *peak* usage, Gallons
 in gallons, per day? _____

Please describe what you intend to use this property for. (Example; church; automotive repair shop; food processing, manufacturing, 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:

Sewer assessment	\$ _____
Capacity Charge	\$ _____
Side sewer permit required	\$ _____
	\$ _____
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 addn'l conditions. See **NOTE** below.

NOTE: