



# WATER SERVICE INQUIRY

Cross Valley Water District

Date:

Purpose of a Water Inquiry: The purpose of this request is to provide the applicant with a written response that describes whether CVWD water services are existing/available at the parcel or property. Charges will apply for a Letter of availability for Snohomish County Permitting or Department of Health.

**Please Print or Type Legibly with Black or Blue ink**

Applicant:	Phone:
Address:	Cell:
City, State, ZIP:	Email:
<input type="checkbox"/> OWNER <input type="checkbox"/> PURCHASER <input type="checkbox"/> AGENT	
ADDRESS of INQUIRY:	
TAX PARCEL NUMBER: _____	
LOT# _____	

TYPE OF SERVICE: <b>EXISTING</b>		TYPE OF SERVICE: <b>NEW</b>	
<input type="checkbox"/> Single Family Residential <input type="radio"/> Well on Property <input type="radio"/> Addition or Construction		<input type="checkbox"/> Single Family <u>Lots</u> <input type="checkbox"/> Multi- Family <u>Units</u> <input type="checkbox"/> Commercial <u>SQ FT</u> <input type="checkbox"/> Other <input type="checkbox"/> SEPTIC New	
<b>METER SIZE:</b> <input type="checkbox"/> 5/8" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" OR _____			
<input type="checkbox"/> <b>FIRE SPRINKLER SYSTEM</b> <input type="checkbox"/> <b>IRRIGATION SYSTEM</b>		**If requesting a meter over 1" size What is your estimated peak usage, in gallons, per day? _____	

Please provide a brief description of the project and intended use of water. Additional Information may be required.

<input type="checkbox"/>	I need a Preliminary Letter of Water Availability to submit to Snohomish County / Department of Health.	<i>The \$100.00 fee is due before the Letter will be released.</i>
Upon completion of your request, would you like it: <input type="checkbox"/> mailed <input type="checkbox"/> emailed <input type="checkbox"/> faxed -#		

SIGNATURE:

DATE:

MAIL / EMAIL / FAX COMPLETED FORM TO :	
Cross Valley Water District 8802 180 <sup>th</sup> ST SE Snohomish WA 98296	
Phone: 360.668.6766 FAX: 360.668.9634 EMAIL: CVWD@crossvalleywater.net	