



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: EXISTING			TYPE OF SERVICE: NEW				
<input type="checkbox"/> Single Family Residential <ul style="list-style-type: none"><input type="checkbox"/> Well on Property<input type="checkbox"/> Addition or Construction <input type="checkbox"/> Multi- Family			<input type="checkbox"/> Single Family <u>Lots</u> _____				
<input type="checkbox"/> Commercial			<input type="checkbox"/> Multi- Family <u>Units</u> _____				
<input type="checkbox"/> Other			<input type="checkbox"/> Commercial <u>SQ FT</u> _____				
<input type="checkbox"/> SEPTIC Replacement			<input type="checkbox"/> Other				
			<input type="checkbox"/> SEPTIC New				
METER SIZE:		5/8"	3/4"	1"	1 1/2"	2"	OR _____
<input type="checkbox"/> FIRE SPRINKLER SYSTEM		**If requesting a meter over 1" size					
<input type="checkbox"/> IRRIGATION SYSTEM		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.		The \$100.00 fee is due before the Letter will be released.	
Upon completion of your request, would you like it: mailed emailed faxed -#			

SIGNATURE:

DATE:

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