



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.

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 <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"/> Commercial <input type="checkbox"/> Other					TYPE OF SERVICE: NEW <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				
METER SIZE:	5/8"	3/4"	1"	1 1/2"	2"	OR _____			
<input type="checkbox"/> FIRE SPRINKLER SYSTEM <input type="checkbox"/> IRRIGATION SYSTEM					**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"/>	Preliminary Letter of Water Availability	<i>The \$25.00 fee is due before the Letter will be released.</i>
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
