

MAIL OR FAX COMPLETED FORM TO:	CROSS VALLEY WATER DISTRICT 8802 180th St SE, Snohomish WA 98296-4804	TEL: (360) 668-6766 TEL: (425) 485-8461 FAX: (360) 668-9634
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INQUIRY FOR COST OF NEW SEWER SERVICE

PLEASE PRINT OR TYPE

DATE: _____	HOME PHONE: _____
NAME: _____	DAY PHONE: _____
ADDRESS: _____ CITY/STATE: _____	FAX PHONE: _____
ARE YOU THE PROPERTY: <u> </u> OWNER <u> </u> PURCHASER <u> </u> 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 _____	_____ Will there be more than one building connected to the sewer? _____
_____ Condo's	#Units _____	_____ Number of buildings: _____
_____ Park		
_____ Restaurant		
_____ School		
_____ Commercial		
_____ Industrial		
_____ Municipality		
_____ Church		
_____ Food Processing		
_____ Nursery		
_____ Manufacturing		
_____ Other _____		

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.
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NOTE: