

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

INQUIRY FOR COST OF NEW WATER 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.

ADDRESS OF INQUIRY: _____

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

TYPE OF SERVICE: _____ Meter Size Requested: (Circle one) 5/8" 3/4" 1" 1 1/2" or _____ (insert size)

_____ Single Family Residential **Most single family customers use the 5/8" or the 3/4" meter size.

_____ Multi-Family

_____ - Mother-in-Law Apartment or Detached Dwelling

_____ - Duplex # Units: _____ Fire Sprinkler System - yes _____ no _____

_____ - Multi Plex # Units: _____ Irrigation Systems - yes _____ no _____

_____ - Condo's # Units: _____

_____ - Apartments # Units: _____ Will there be other buildings on the property needing water?

_____ - Mobile Homes # Units: _____ _____ Garage _____ Additional Mobile or Trailer

_____ Church _____ Apartment _____ Other - explain _____

_____ Park _____ Barns _____

_____ Restaurant

_____ School

_____ Commercial

_____ Industrial

_____ Municipality

_____ Nursery

_____ Other _____

IMPORTANT: The following information is required in order to complete your request. Single Family Residential inquiries do not need to complete this section:

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

Please describe what you intend to use this property for. (Example; single family residence; church; automotive repair shop; four-plex housing unit, park for home-owners association 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:

_____ inch meter \$ _____

General Connection Charge \$ _____

Local Connection Charge \$ _____

ROW Permit _____

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: _____