



# SEWER SERVICE INQUIRY

Cross Valley Water District

Date:

Purpose of a Sewer Inquiry: The purpose of this request is to provide the applicant with a written response that describes whether CVWD sewer 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# _____	

<b>TYPE OF SERVICE: EXISTING</b>	<b>TYPE OF SERVICE: NEW</b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Single Family Residential<ul style="list-style-type: none"><li><input type="checkbox"/> Well on Property</li><li><input type="checkbox"/> Addition or Construction</li></ul></li><li><input type="checkbox"/> Multi- Family</li><li><input type="checkbox"/> Commercial</li><li><input type="checkbox"/> Other</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Single Family</li><li><input type="checkbox"/> Multi- Family</li><li><input type="checkbox"/> Commercial</li><li><input type="checkbox"/> Other</li></ul>
<b><i>A Side Sewer permit is required on all sewer connections, new or existing with modifications.</i></b>	

Will there be more than one building connected to the sewer? \_\_\_\_\_ # \_\_\_\_\_

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 Sewer Availability

*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<sup>th</sup> ST SE Snohomish WA 98296  
Phone: 360.668.6766 FAX: 360.668.9634 EMAIL: CVWD@crossvalleywater.net