



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#

<p>TYPE OF SERVICE: EXISTING</p> <ul style="list-style-type: none"> <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 	<p>TYPE OF SERVICE: NEW</p> <ul style="list-style-type: none"> <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
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A Side Sewer permit is required on all sewer connections, new or existing with modifications.

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	<i>The \$100.00 fee is due before the Letter will be released.</i>
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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