



# 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. Charges will apply for a Letter of availability for Snohomish County Permitting or Department of Health.

**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><b>TYPE OF SERVICE: EXISTING</b></p> <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>	<p><b>TYPE OF SERVICE: NEW</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Single Family      <u>Lots</u> _____</li> <li><input type="checkbox"/> Multi- Family      <u>Units</u> _____</li> <li><input type="checkbox"/> Commercial      <u>SQ FT</u> _____</li> <li><input type="checkbox"/> Other</li> </ul>
<p>METER SIZE:    5/8"    3/4"    1"    1½"    2"    OR _____</p>	
<p><input type="checkbox"/> FIRE SPRINKLER SYSTEM</p> <p><input type="checkbox"/> IRRIGATION SYSTEM</p>	
<p style="text-align: center;"><b>**If requesting a meter over 1" size</b></p> <p>What is your estimated peak usage, in gallons, per day? _____</p>	

Please provide a brief description of the project and intended use of water. Additional Information may be required.


<input type="checkbox"/> I need a Preliminary Letter of Water Availability to submit to Snohomish County / Department of Health.	<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: \_\_\_\_\_

<b>MAIL / EMAIL / FAX COMPLETED FORM TO :</b> 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
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