



# REQUEST FOR SERVICE CONNECTION WATER AND SEWER

**Date:**

**PRE-SCREENING CRITERIA**

1. Is this for a Developer Extension (DE) Project that is in Use & Ops? **If Yes – DE #** \_\_\_\_\_ Yes  No
2. Has a Water/Sewer Availability Letter been received from AWWD for this property? Yes  No

*NOTE: If both boxes are checked "No", OR if this is for a commercial or tenant improvement project, please call the AWWD Development Division at (425) 743-4605. Thankyou.*

**OWNER INFORMATION**

**BILLING INFORMATION (If different)**

<b>Owner's Name</b>	<b>Name</b>
<b>Mailing Address</b>	<b>Mailing Address</b>
<b>City, State, Zip</b>	<b>City, State, Zip</b>
<b>Phone</b>	<b>Phone</b>
<b>Contact Person</b>	<b>Contact Person</b>
<b>Email Address</b>	

**PROPERTY INFORMATION**

<b>Legal Plat Name:</b> <input style="width: 700px;" type="text"/>								
Lot #	Service Connection Address	City	Within City Limits?	Meter Size (inch)	Install meter locked?	Connection Type	Will the meter be used for fire sprinklers?*	# of Units
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**\*NOTE: YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION:** Applicant shall submit an approved building permit, land use decision (i.e., Hearing Examiner decision) or another acceptable documentation that fire sprinklers are required by the Fire Marshal.

**SIDE SEWER CONTRACTOR INFORMATION**

<b>Side Sewer Contractor Name:</b>	<b>Contractor Phone:</b>
<b>Side Sewer Contractor Address:</b>	<b>License No.:</b>
<b>Side Sewer Contractor City, State, Zip:</b>	<b>Expiration Date:</b>
<b>Comments:</b>	

Please email your completed form to [serviceconnection@awwd.com](mailto:serviceconnection@awwd.com)  
 Visit our website [www.awwd.com](http://www.awwd.com) for more information on the Service Connection application process