

CITY OF WATSONVILLE
WATER SERVICE APPLICATION

PO Box 50000, Watsonville CA 95077
(831) 786-3050, (831) 728-6173 fax



SERVICE ADDRESS:_____ APN:_____

APPLICANT'S NAME:_____ PHONE:_____

APPLICANT'S ADDRESS:_____

BILLING ADDRESS:_____ TAX ID:_____

☐ Existing Building ☐ New Building ☐ Inside City Limits ☐ Outside City Limits

Service: ☐ New ☐ Relocate ☐ Residential ☐ Non-Residential Backflow Preventor Required? ☐ Yes ☐ No

City Council Approval Required? ☐ Yes ☐ No Approximate Date of Installation:_____

Special Instructions:_____

<u>Acct.</u>	<u>Type of Fee</u>	<u># of Meters</u>	<u>Meter Size</u>	
5313	Connection:		_____ " @ \$ _____ = \$	
			_____ " @ \$ _____ = \$	\$ _____
5266	Construction:		_____ " @ \$ _____ = \$	
			_____ " @ \$ _____ = \$	\$ _____
5266	Meter Drop-In:		_____ " @ \$ _____ = \$	
			_____ " @ \$ _____ = \$	\$ _____
5266	Hydrants:		_____ " @ \$ _____ = \$	
	<input type="checkbox"/> New <input type="checkbox"/> Relocate		_____ " @ \$ _____ = \$	\$ _____
5266	Detector Check:		_____ " @ \$ _____ = \$	
			_____ " @ \$ _____ = \$	\$ _____
5266	Inspection Fee:			\$ _____
5266	Soil Comp./Test:			\$ _____
9912	State/Co. Encroachment Permit:			\$ _____

<u>Acct.</u>	<u>Type of Fee</u>	<u># of Meters</u>	<u>Meter Size</u>
9912	Application Fee:		\$ _____
9912	R.O.W./Plan Check Fee:		\$ _____
9912	Well Permit Fee:	Filing \$ _____	Inspection \$ _____ \$ _____

Applicant's Signature: _____

Date: _____