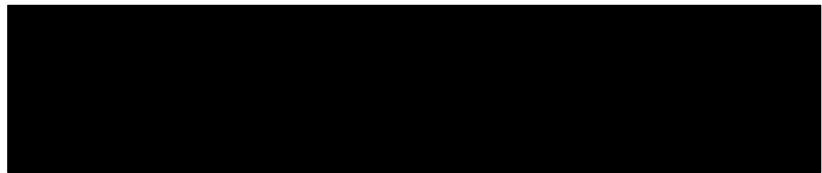


CITY OF WATSONVILLE  
WATER SERVICE APPLICATION  
PO Box 50000, Watsonville CA 95077  
(831) 786-3050, (831) 728-6173 fax



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: \_\_\_\_\_