



# REQUEST FOR SEWER SERVICES ONLY

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
3. Reason for Request:
 

<input type="checkbox"/> Failing Septic System	<input type="checkbox"/> Addition to Existing Structure
<input type="checkbox"/> Duplex	<input type="checkbox"/> Demolition of Existing Structure
<input type="checkbox"/> New ADU	<input type="checkbox"/> Repair
<input type="checkbox"/> Other: _____	

*NOTE: If both boxes (No. 1 & 2) are checked "No", OR if this is for a commercial or tenant improvement project, please call the AWWD Development Division at (425) 743-4605. Thank you.*

## 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> _____					
Lot #	Service Connection Address	City	Within City Limits?	Connection Type	# of Units
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

## SIDE SEWER CONTRACTOR INFORMATION

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

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