ALDERWOOD
WATER & WASTEWATER DISTRICT

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. Thank you.

OWNER INFORMATION

Owner's Name	
Mailing Address	
City, State, Zip	
Phone	
Contact Person	
Email Address	

BILLING INFORMATION (If different)

Name	
Mailing Address	
City, State, Zip	
Phone	
Contact Person	

PROPERTY INFORMATION

Legal Plat Name:	

Lot # Bldg. # Unit #	Service Connection Address	City	Within City Limits?	Meter Size (inch)	Connection Type	Will the meter be used for fire sprinklers?*	# of Units
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***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

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*
Visit our website *www.awwd.com* for more information on the Service Connection application process