

## **Commercial Connection Questionnaire**

General Information Property owner/s Name:			
Address of property to be served:			
Type of Business Entity:		Tax ID #:	
Point of Contact:	Phone:	Email:	
Mailing Address:			
Service Requirement  Domestic Meter Size Requested:			
Irrigation Meter Size: Potable:	Re-use	Re-use / Non-Potable:	
Hydrants Required: Yes I	No How M	/lany:	
Standby Fire Service Required: Yes	No Size of	Standby Service Required:	
Do you have an existing well? Yes	No Well Status: To	be capped Will remain in use	
NOTE: If you have a well, prior to re installed on your service line and a	_	backflow prevention device must be nce Report submitted to CLWSC.	
Architect/ Engineer Name of Firm:	Addres	ss:	
Point of Contact:	Phone:	Email:	
Contractor Name of Firm:			
Point of Contact:	Phone:	Email:	
Will contractor be paying all fees to estab	olish service? Yes	No	
Service Applicant Entity that will be responsible for paying	•		
Name of Firm: Point of Contact:			
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