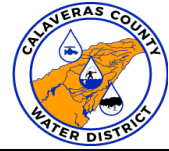


**Commercial User Application
Calaveras County Water District**

120 Toma Ct., PO Box 608, San Andreas, CA 95249
Office (209) 754-3543 Fax (209) 754-0270



Applicant Information

Applicant's Name: _____
Applicant's Mailing Address: _____

Date: _____
Applicant's Daytime Phone: _____

Property Information

Property Owner's Name: _____
Physical Address: _____

APN _____

Service Information

Services In Use (Complete Any Which Apply):

Water	_____	Meter Size:	_____ (if you know it)
Landscape Meter	_____	Meter Size:	_____ (if you know it)
Wastewater	_____		

Commercial User Classification

New Business (if applicable) and/or Property Owner's Name:

New Business Type (if applicable):

Business Mailing Address: _____

Estimated Daily Water Usage: _____
Square Footage: _____
of Days Open per Week: _____
of Hours Open per Week: _____
of Employees _____
of Seats : _____

Commercial Wastewater Users Complete the Following:

of Equivalent Units Property Currently has (if you know): _____

of Equivalent Units You Estimate to be Used (refer to attached worksheet): _____

Difference Of: _____ **units**

Please describe the changes of use on the property connected to CCWD water/sewer facilities. Including a description of any new proposed businesses and anticipated business facilities/functions to take place on the property. Please include the number of units planned for new businesses or new functions of use on the property as listed on the demand factor table, attached.

Signature

I hereby declare all information on the application to be true and accurate. I understand that quotes given to me are based on specific information I have provided to the District on this application. And any change of use from that which I have described may result in additional fees being charged to me. I further understand that all quotes given to me are estimates and subject to change at any time unless otherwise specified in writing by the District.

Signature: _____

Date: _____