

# NUEVO WATER CO.

30427 11<sup>TH</sup> STREET, NUEVO, CA 92567  
951-928-1922

## Request for Water Availability

Date: (Required) \_\_\_\_\_

Development Type: (Required)     Commercial     Residential

Project Name: (Required) \_\_\_\_\_

Lot Number: (Required) \_\_\_\_\_

APN #: (Required) \_\_\_\_\_

Service Address: (Required)  
\_\_\_\_\_  
\_\_\_\_\_

Description of Work: (Required)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Construction Options: (Required)

- New Construction
- Renovation

Sq Ft: (Required) \_\_\_\_\_

Company Name: (Required) \_\_\_\_\_

Contact Name: (Required) \_\_\_\_\_

Company Address: (Required)  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (Required) \_\_\_\_\_

Email: (Required) \_\_\_\_\_

Owner of Property: (Required) \_\_\_\_\_

Owner of Property Mailing Address: (include City/State/Zip) (Required)

\_\_\_\_\_  
\_\_\_\_\_

Owner Contact Phone: (Required) \_\_\_\_\_

Owner Email: (Required) \_\_\_\_\_

Establish Service Date: (Required) \_\_\_\_\_

#### E-consent Terms

\*\*This document may be in the form of an Electronic Record and may be executed using Electronic Signature (including, without limitation, facsimile and .pdf) and shall be considered an original, and shall have the same legal effect, validity and enforceability as a paper record. For the avoidance of doubt, this form may be converted into electronic form (such as an email) for transmission, delivery and/or retention. For purposes of providing service to the requesting party, the submission of this form to the Nuevo Water Company legally obligates the applicant as much as it would by providing a signed paper application.\*\*

#### Terms Agreement (Required)

The engineering deposit is collected to cover anticipated review costs. Actual costs are based on the time and expenses incurred by the consulting engineer to evaluate the request. If actual costs exceed the deposit amount, the applicant is responsible for the additional costs incurred.

I agree to the Terms of this application. This box must be marked and application signed to proceed.

Full Name of Applicant: (Required) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

For Office Use Only:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Allow 48 Minimum for a Response. If you have any questions regarding the above information, please contact the NWC office at 951-928-1922.