



**Public Works Department**  
14525 Main Street NE  
P.O. BOX 1300  
Duvall, WA 98019  
(425) 788.3434

**OFFICIAL USE ONLY**  
Permit Number: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Related Permit Number: \_\_\_\_\_

## CITY OF DUVALL WATER SERVICE APPLICATION

Residential Service       Multi/Res. Service       Business/Commercial Service

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Legal Description and Address Where Service is Requested:

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

Please provide copy of Assessor's Map showing location of property to be served:

Date services are required: \_\_\_\_\_ Application Date: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

\*\*\*\*\*

Size of Meter Requested:

5/8"       1"       1-1/2"       2"       3" or larger \_\_\_\_\_

Permission is hereby granted to allow a connection onto the city water system subject to compliance with City of Duvall standards:

Permit Issued Date: \_\_\_\_\_ By: \_\_\_\_\_

**\*\*SUBMIT AS-BUILT WHEN WORK COMPLETED AND APPROVED\*\***