



# YAKIMA COUNTY PUBLIC SERVICES

## APPLICATION FOR WATER OR WASTEWATER SERVICE

**\*\*MUST RETURN IN PERSON WITH PHOTO ID\*\***

System	_____	PHONE #	_____
Parcel #	_____	CELL #	_____
Legal Owner	_____	FAX #	_____
Address	_____	Zip	_____
City	_____ State _____		

IF OCCUPANT OTHER THAN OWNER, LETTER FROM OWNER AUTHORIZING INSTALLATION/BILLING TO BE SENT TO OCCUPANT MUST BE ATTACHED.

Occupant	_____	PHONE#	_____
Address	_____	CELL#	_____
City	_____ State _____	ZIP	_____

MAILING ADDRESS: \_\_\_\_\_

Structure	<input type="checkbox"/> Single family	<input type="checkbox"/> Duplex	<input type="checkbox"/> Apartment	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
Signed	X			Date	_____

Owner/ Occupant \_\_\_\_\_

Amount Received N/A

Received By \_\_\_\_\_

NOTICE: COST OF INSTALLATION IS NOT COVERED BY PERMIT FEE. INSTALLATION COST WILL BE BILLED WHEN CHARGES HAVE BEEN FINALIZED. CURRENTLY ONLY CHECK, CASH, CAHIER CHECK OR MONEY ORDER ARE ACCEPTED FOR PAYMENT.

*The following information is required by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program on the basis of race, color, national origin, age, sex or disability. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.*

Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> NOT Hispanic or Latino
Race	<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> White	
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female

This institution is an equal opportunity provider.  
Esta institucion es de oportunidad igualada.

<b>OFFICE USE ONLY</b>	<b>CONNECT DATE:</b>	<b>CHECK ID</b>	<b>ACCOUNT</b>
Meter Size _____	<input type="checkbox"/> Yes	Meter # _____	<input type="checkbox"/> Yes TYPE OF ID:
Any other customers connected to same meter?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Backflow prevention assembly required?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, type of backflow assembly:			
Water Service Charges			Amount
1. Water Connection Permit			\$ _____
2. Sewer Permit			\$ _____
3. New Account Fee			\$ _____
<b>TOTAL DUE \$</b>			_____
Yakima County Public Services, 128 N 2 <sup>nd</sup> St, 4 <sup>th</sup> Floor Courthouse, Yakima, WA 98901 509-574-2290			