



City of Stevenson Water Use Questionnaire

Residential Customers

Meter # _____

Permit # _____

Customer Name _____

Mailing Address _____

Street Address _____

City/State/Zip _____

Phone _____ Email _____

Please indicate whether the special plumbing or activities listed below apply to your premises:

Yes	No	Plumbing or Activity Present on Customer's Premises*
		Underground sprinkler system
		Water treatment system (e.g., water softener)
		Solar heating system
		Residential fire sprinkler system
		Other water supply (whether or not connected to plumbing system)
		Sewage pumping facilities or grey water system
		Boat moorage with water supply
		Hobby farm
		Animal watering troughs
		Swimming pool or spa
		Greenhouse
		Decorative pond
		Photo lab or dark room
		Home-based business. If Yes, list type/describe (e.g., beauty salon, machine shop, etc.): _____ _____ _____

* Based on their knowledge of residential connections served, public water systems may "customize" this list by adding or deleting plumbing categories or activities

Completed by (print name): _____

Date: _____

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