



## **Water Request**

Date\_\_\_\_\_

Name\_\_\_\_\_

Phone #\_\_\_\_\_

Email Address\_\_\_\_\_

Address/Location\_\_\_\_\_

Tax Map #\_\_\_\_\_

# of taps requested\_\_\_\_\_

**Purpose of Tap (circle one)**

Residential or Commercial

\_\_\_\_\_  
Signature

**To be completed by CCRWC**

Water Available    Yes                      No

Reviewed By:

Notes:

Customer notified by:

Date: