



EAGLE RIVER WATER & SANITATION DISTRICT

846 Forest Road • Vail, Colorado 81657
(970) 477-5451 • FAX (970) 476-8357

COMMERCIAL ASSESSMENT FORM

Legal Description: Lot _____ Block _____ Filing _____	Project Name: _____
Service Address _____	Subdivision: _____
City, Zip Code: _____	District: _____

Meter Size: _____ **Total Fixture Count:** _____

I verify that the above stated is in compliance with Appendix B of the Eagle River Water & Sanitation District's Rules and Regulations Effective Jan 1, 2006. I realize that the meter size stated above should be based upon a mechanical engineers' letter of recommendation and should be included with this assessment form. I understand that Eagle River Water & Sanitation District has the final judgment on the properties meter size.

Owner Name: _____	Builder Name: _____
Mailing Address: _____	Mailing Address: _____
_____	_____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
E-Mail: _____	E-Mail: _____

I confirm I have received Appendix A from the Rules & Regulations for the Eagle River Water & Sanitation Districts / Upper Eagle River Water Authority for the applicable Water District and governing authority associated with the above property.

Print Name

Signature

Date

Office Use Only:

CS/ REP