



COMMERCIAL ASSESSMENT FORM

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

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

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

I verify that the above stated complies with the Eagle River Water & Sanitation District's Rules and Regulations.

I understand that the Total Fixture Count, noted above, should be based upon the total fixture count of the property. A meter sizing form as well as a letter of recommendation by a mechanical engineer or master plumber is to be submitted to the district. I also understand that the final water meter size, type and manufacturer shall be determined by the district, based on the above-described supporting documents, proposed water use and water flow demand. I also understand that the Tap Fee Connection Rate Schedule can be found under Appendix A of the district's Rules & Regulations. I understand that the fees due are based on current fees (as shown in Appendix A) for the calendar year in which payment is received.

I confirm that I am aware of the Eagle River Water & Sanitation District's Rules & Regulations for Water and Wastewater Service Construction Specifications. These Specifications can be found at www.erwsd.org/resources/rules-regulations.

Print Name

Signature

Date

Office Use Only:

CS Specialist