Town of Friday Harbor
Water Department
P.O. Box 219 * 501 Marguerite St.
Friday Harbor, WA 98250
Phone (360) 378-8353

Water Service Connection Questionnaire

Name: _____

Mailing Address: _____City: _____Zip: _____

Phone #: _____Fax #: _____

Water Service Address: _____

Parcel #: _____   Type of Service: Residential _____Commercial_____

If commercial, type of Business: _____

Number of Stories: _____ Number of units/businesses on meter: _____

Please indicate all that apply for planned or current water use. This questionnaire must be completed before water utilities permit is issued.

Residential:	**YES**	**NO**	**DON'T KNOW**	OFFICIAL USE
Lawn irrigation system?	☐	☐	☐	☐_____
Swimming pool or hot tub?	☐	☐	☐	☐_____
Photo Lab, chemical, medical or other lab facility?	☐	☐	☐	☐_____
Private well or auxiliary water supply?	☐	☐	☐	☐_____
Lawn or garden chemical sprayers attached to hose?	☐	☐	☐	☐_____
Water softener or other treatment systems?	☐	☐	☐	☐_____
In floor heating system?	☐	☐	☐	☐_____
Boiler heating system?	☐	☐	☐	☐_____
Fire sprinkler system?	☐	☐	☐	☐_____

Commercial:	**YES**	**NO**	**DON'T KNOW**	OFFICIAL USE
Lawn irrigation system?	☐	☐	☐	☐_____
Carbonation equipment?	☐	☐	☐	☐_____
Ice machine?	☐	☐	☐	☐_____
Boiler?	☐	☐	☐	☐_____
Fire sprinkler system?	☐	☐	☐	☐_____
In floor heating system?	☐	☐	☐	☐_____
Water softener or other treatment systems?	☐	☐	☐	☐_____
Photo lab, chemical, medical or other lab facility?	☐	☐	☐	☐_____
Swimming pool or hot tub?	☐	☐	☐	☐_____
Private well or auxiliary water supply?	☐	☐	☐	☐_____
Water-cooled equipment?	☐	☐	☐	☐_____
Janitor's sink?	☐	☐	☐	☐_____
Floor Drain Trap Primer?	☐	☐	☐	☐_____
Laundry/dry cleaning facilities?	☐	☐	☐	☐_____
Medical facilities?	☐	☐	☐	☐_____
Beverage bottling, food processing?	☐	☐	☐	☐_____
Dental facilities?	☐	☐	☐	☐_____
Veterinarian facilities?	☐	☐	☐	☐_____
Baptismal pool?	☐	☐	☐	☐_____