**Public Utility District No. 1 of Jefferson County**  
**New Service:**  
**Water Service Worksheet – FORM 201W**

<table>
<thead>
<tr>
<th>OFFICE USE:</th>
<th>System Name:</th>
<th>System #:</th>
</tr>
</thead>
</table>

**PROJECT INFORMATION:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Parcel #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Address:</td>
<td>Phone #:</td>
</tr>
</tbody>
</table>

**Type of Service:**
- [ ] Residential
- [ ] Commercial
- [ ] Industrial
- [ ] Agricultural
- [ ] Other ________________

**Type of Structure:**
- [ ] Permanent
- [ ] Mobile
- [ ] Travel Trailer
- [ ] Other ________________

<table>
<thead>
<tr>
<th>Desired Service Date:</th>
<th>Meter Box Already Installed?</th>
<th>Meter Size:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Yes  [ ] No</td>
<td>[ ] Standard 5/8” [ ] Other ________________</td>
</tr>
</tbody>
</table>

I hereby request service as noted above. I understand that I must submit the following fees in advance of service:

1. System Development Charge (SDC) ________________________________
2. Meter Charge ________________________________
3. Full Install (Meter Cost Included) ________________________________
4. Other: ________________________________

______________________________

Total Fees: ________________________________

I understand that I will be required to provide my own plumbing from the water meter or sewer connection to the buildings(s). Specific system regulations may specify the type and size of plumbing fixtures required. All systems are governed by general and specific policies, rules, and regulations and I hereby agree to said policies, rules, and regulations. Copies of District policies are available upon request. The District office must be notified of time and date of hookup to ensure that District personnel can be present for inspection.

Please submit a plot plan showing measurements, locations of buildings and any other information. Any questions or concerns please call 360-385-5800.

Print Authorized Name: ___________________________  
Authorized Signature: ___________________________  
Date: ___________________________

Please return completed & signed worksheet (along with FORM 101A):

By Mail to: 310 Four Corners Rd, Port Townsend, WA 98368

In Person To: 310 Four Corners Rd, Port Townsend, WA 98368

Fax to: 360-385-5945

Updated BG11/17/16