

Water Use Questionnaire for Residential Customers

Date: _____

Customer Account #: _____ Phone #: _____

Customer Name: _____

Customer Property Address: _____

Customer Property City/State/Zip: _____

Please indicate whether the special plumbing or activities listed below apply to your premises:

Yes	No	Plumbing or Activity Present on Customer's Premises*
		Underground irrigation sprinkler system
		Water treatment system (e.g., water softener)
		Solar heating system
		Residential fire sprinkler system
		Other water supply (whether or not connected to plumbing system, e.g. well, lake, river, cistern, etc.)
		Sewage pumping system or grey water system (does not include individual sewer mechanical treatment plant with irrigation spray)
		Portable dialysis machine or equipment
		Boat dock/moorage with water supply
		Hobby farm
		Livestock or Animal watering troughs
		Swimming pool or hot tub
		Greenhouse
		Decorative pond
		Photo lab or dark room
		Home-based business. If Yes, list type or describe (e.g., beauty salon, machine shop, etc.):

Completed by (print name): _____ Date: _____

Resident's Signature: _____