



SANTA CRUZ COUNTY SANITATION

701 OCEAN STREET, SUITE 410, SANTA CRUZ CA 95060-4073

MAIN (831) 454-2160

FAX (831) 454-2089

TDD (831) 454-2123

MATT MACHADO, DISTRICT ENGINEER

Sewer Service Availability Questionnaire

Date: _____

Site Address: _____

Assessor's
Parcel Number _____

Applicant Name: _____

Owner Name: _____

Mailing Address: _____

Mailing Address: _____

Phone Number: _____

Phone Number: _____

Project Description

1. Is your project:

2. Type of project:

3. Number of existing units?

4. Number of proposed units?

5. If commercial, estimated water use: _____ (gallons per day)

6. Will existing structure: Remain Be Demolished Be Relocated

7. Other Information you would like us to know:

Submit Requests to: DPW.LateralProgram@santacruzcountycalifornia.gov

For Official Use Only

Sanitation District:

Received by: