



WATER PROVISION DECLARATION

Facility Business Name: _____

Facility Address: _____
Street City Zip

Facility Business Owner Name: _____ Phone: _____

Property Owner Name: _____ Phone: _____

Property Owner Address: _____
Street City Zip

WATER PROVISION INFORMATION

1. Number of **houses, mobile homes, or other occupied buildings** served by the water well(s): _____

2. Number of **employees** at the facility per shift: _____ Number of shifts: _____

3. Total number of **employees, customers, and visitors** at the facility per month, if variable:

January		April		July		October	
February		May		August		November	
March		June		September		December	

4. Number of days that total number of **customers, visitors and employees** frequent the facility per month:

January		April		July		October	
February		May		August		November	
March		June		September		December	

5. Number of **yearlong residents**: _____

6. Number of **residents per month**, if variable:

January		April		July		October	
February		May		August		November	
March		June		September		December	

I declare under penalty of perjury that the statements on this application are correct to my knowledge. It is the owner's responsibility to notify this office if the water provision information of the facility changes.

Facility Business/Property Owner: _____ Date: _____
Signature