

Annexation Request Form

Name: _____ Phone: _____

Site Address: _____

Mailing Address: _____

APN (Attach Map): _____

Annexing to District #: _____

of EDU's Requested: _____

Notes: _____

Customer Signature: _____ Date: _____

Please return the completed application and a map of site to the Amador Water Agency Customer Service Desk.

FOR OFFICE USE ONLY

Customer Service Department

Water Account #: _____

Wastewater Account #: _____

Size and # of Connections: _____

Amount

Date Paid

Receipt #

Annexation Request Fee: \$225.00 _____

Participation Fee: _____

Reimbursement Fee: _____

Connection Fee: _____

Inspection Fee: _____

Customer Service Approval: _____ (Signature) _____ (Date)

Engineering Department

Available Capacity: (Yes/No) _____

Update Capacity Count: _____

MLX/Improvements Needed: (Yes/No) _____

Engineering Approval: _____ (Signature) _____ (Date)

Executive Department

Executive Dept-Board Scheduling: _____

Annexation Initiating Board Meeting Date: _____

Public Notice Dates: _____

Annexation Declaring Board Meeting Date: _____

Return to Customer Service Department for Collection of Remaining Fees.