



5180 SOQUEL DR.
 PO BOX 1550
 CAPITOLA, CA 95010
 TEL 831-475-8500
 FAX 831-475-4291

For SCWD Use Only
CWO: _____
Date of Approved Agreement: _____
Date of Acceptance: _____

BOARD OF DIRECTORS

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FIRE PROTECTION REQUIREMENTS FORM

This form must be completed by the appropriate Fire Protection District for any new water service or change in water service and returned to the Water District.

APPLICANT INFORMATION-To be completed by Applicant

Name: _____

Mailing Address: _____

Phone No.: _____ Fax No.: _____

Name of Property Owner's Agent/Representative (if applicable):

Phone No. for Property Owner's Agent/Representative:

Proposed Property Address: _____

Proposed APN: _____

Proposed Property: Commercial Use Residential Use (Single-Family)
 (check One) MLD (less than 4 units) Subdivision (more than 4 units)

FIRE PROTECTION DISTRICT INFORMATION-To be completed by Fire District

The Fire District requires the following improvements to be made by the owner as a condition for project acceptance:

FIRE HYDRANT (Size, Type, Location) _____

FIRE SERVICE (Size, Type) _____

NO FIRE PROTECTION IMPROVEMENTS REQUIRED AT THIS TIME.

Signed _____ District _____

Title _____

Date _____