



WS-1: WATER SERVICE INFORMATION

Updated: 4/14/2025

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Instructions: Complete this form along with the **WS-2: Water Demand Worksheet**, if required, to the best of your knowledge. After reviewing and signing the applicant signature box, return the form to servicerequests@crwater.com. For questions, please call (503) 722-9220. Note, this is NOT an application for service; once Clackamas River Water (CRW) has received this form, along with the **WS-2**, a site plan, proof of valid, issued building or plumbing permit, and any other required information, CRW will provide the applicant with the **WS-3: Water Service Application**, ready for signature and payment. All forms and examples are available at <https://www.clackamasriverwater.gov/water-service-request>.

For multiple services with the same contact information, **WS-1B** may be used. If using **WS-1B**, check here . Complete only the "Contact Information" and "Applicant Signature" boxes on this form and submit this form along with **WS-1B**.

CONTACT INFORMATION		
APPLICANT INFORMATION		
Name(s):	Phone:	Cell:
Mailing Address:		Email:
Company/Organization (if applicable):		Co/Org Phone:
BILLING INFORMATION <input type="checkbox"/> Same as above		
Name(s):	Phone:	Cell:
Mailing Address:		Email:
Company/Organization (if applicable):		Co/Org Phone:
PROPERTY/BUILDING OWNER INFORMATION <input type="checkbox"/> Same as above		
Name(s):	Phone:	Cell:
Mailing Address:		Email:
Company/Organization (if applicable):		Co/Org Phone:
SERVICE REQUEST INFORMATION		
Service Type:		Service Use:
Service Street Address:		
Parcel Number:		Tax Lot:
Subdivision (if applicable):		Lot #
ADDITIONAL INFORMATION		
This property is: <input type="checkbox"/> Existing building <input type="checkbox"/> New construction <input type="checkbox"/> Vacant land <input type="checkbox"/> Demolition <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Currently using well water <input type="checkbox"/> Using other auxiliary water source? If so, describe: _____		
COMPLETE FOR A DOMESTIC/COMMERCIAL/INDUSTRIAL METER		
<input type="checkbox"/> Is there an existing meter? If yes, what size? _____ And do you want to: _____		
House size: _____ sq. ft.	<input type="checkbox"/> Will there be fire suppression (e.g., sprinklers)? If yes, size of the largest room: _____ sq. ft.	
What size meter are you requesting?		Building/plumbing permit #
COMPLETE FOR A FIRE SERVICE		
<input type="checkbox"/> Is there an existing fire service? If yes, what size? _____ And do you want to: _____		
No. of buildings: _____	Building use: _____	Type of construction: _____
What size fire service are you requesting?		Backflow device (name/model): _____
APPLICANT SIGNATURE		
<input type="checkbox"/> I confirm that the above and attached information is current and accurate to the best of my knowledge. <input type="checkbox"/> I understand that these services are subject to the Rules and Regulations of Clackamas River Water. <input type="checkbox"/> I understand that the water pressure and flow provided by the CRW water system may vary and that I, or my agent, will be responsible for requesting water system information and for utilizing that information to design a private plumbing system to adequately meet demands and that is in compliance with all CRW or other code requirements/standards. <input type="checkbox"/> (For fire suppression systems or fire services) I confirm that the plans have been approved by Clackamas Fire District #1.		
NAME (PRINT):		DATE:
SIGNATURE:		