



COUNTY OF MONTEREY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH BUREAU

WATER SYSTEM CONNECTION LIST

Water System Name _____ System No. 270-
Signed _____ Date _____
Print Name _____ Position _____
Mailing Address _____ Day Phone _____

Change from last year

E-mail address _____

Number of persons Served by this System? _____ Number of Permitted Service Connections⁽¹⁾ _____

⁽¹⁾ This includes single family residences, senior units and caretakers units

⁽²⁾ Active(A) or Inactive(I). Inactive status would be a vacant lot that is entitled to water connection

Owner/Occupant

Parcel Information

1. _____ Parcel Address _____ APN _____
Status⁽²⁾ _____ # units¹ _____ Mailing Address _____
Phone _____

2. _____ Parcel Address _____ APN _____
Status⁽²⁾ _____ # units¹ _____ Mailing Address _____
Phone _____

3. _____ Parcel Address _____ APN _____
Status⁽²⁾ _____ # units¹ _____ Mailing Address _____
Phone _____

4. _____ Parcel Address _____ APN _____
Status⁽²⁾ _____ # units¹ _____ Mailing Address _____
Phone _____

5. _____ Parcel Address _____ APN _____
Status⁽²⁾ _____ # units¹ _____ Mailing Address _____
Phone _____

System Name:

Owner/Occupant

Parcel Information

6. _____ Parcel Address _____ APN _____

Status⁽²⁾ _____ # units¹ _____ Mailing Address _____

Phone _____

7. _____ Parcel Address _____ APN _____

Status⁽²⁾ _____ # units¹ _____ Mailing Address _____

Phone _____

8. _____ Parcel Address _____ APN _____

Status⁽²⁾ _____ # units¹ _____ Mailing Address _____

Phone _____

9. _____ Parcel Address _____ APN _____

Status⁽²⁾ _____ # units¹ _____ Mailing Address _____

Phone _____

10. _____ Parcel Address _____ APN _____

Status⁽²⁾ _____ # units¹ _____ Mailing Address _____

Phone _____

11. _____ Parcel Address _____ APN _____

Status⁽²⁾ _____ # units¹ _____ Mailing Address _____

Phone _____

12. _____ Parcel Address _____ APN _____

Status⁽²⁾ _____ # units¹ _____ Mailing Address _____

Phone _____

13. _____ Parcel Address _____ APN _____

Status⁽²⁾ _____ # units¹ _____ Mailing Address _____

Phone _____

14. _____ Parcel Address _____ APN _____

Status⁽²⁾ _____ # units¹ _____ Mailing Address _____

Phone _____

15. _____ Parcel Address _____ APN _____

Status⁽²⁾ _____ # units¹ _____ Mailing Address _____

Phone _____

System Name:

Owner/Occupant

Parcel Information

16. _____ Parcel Address _____ APN _____
Status⁽²⁾ _____ # units¹ _____ Mailing Address _____
Phone _____

17. _____ Parcel Address _____ APN _____
Status⁽²⁾ _____ # units¹ _____ Mailing Address _____
Phone _____

18 _____ Parcel Address _____ APN _____
Status⁽²⁾ _____ # units¹ _____ Mailing Address _____
Phone _____

19 _____ Parcel Address _____ APN _____
Status⁽²⁾ _____ # units¹ _____ Mailing Address _____
Phone _____

20. _____ Parcel Address _____ APN _____
Status⁽²⁾ _____ # units¹ _____ Mailing Address _____
Phone _____

21. _____ Parcel Address _____ APN _____
Status⁽²⁾ _____ # units¹ _____ Mailing Address _____
Phone _____

22. _____ Parcel Address _____ APN _____
Status⁽²⁾ _____ # units¹ _____ Mailing Address _____
Phone _____

23. _____ Parcel Address _____ APN _____
Status⁽²⁾ _____ # units¹ _____ Mailing Address _____
Phone _____

24. _____ Parcel Address _____ APN _____
Status⁽²⁾ _____ # units¹ _____ Mailing Address _____
Phone _____

25. _____ Parcel Address _____ APN _____
Status⁽²⁾ _____ # units¹ _____ Mailing Address _____
Phone _____

System Name:
Owner/Occupant

Parcel Information

26. _____ Parcel Address _____ APN _____

Status⁽²⁾ _____ # units¹ _____ Mailing Address _____

Phone _____

27. _____ Parcel Address _____ APN _____

Status⁽²⁾ _____ # units¹ _____ Mailing Address _____

Phone _____

28. _____ Parcel Address _____ APN _____

Status⁽²⁾ _____ # units¹ _____ Mailing Address _____

Phone _____

29. _____ Parcel Address _____ APN _____

Status⁽²⁾ _____ # units _____ Mailing Address _____

Phone _____