



San Diego County Water Authority

CAPACITY CHARGE FORM

PART A: To be Completed by Applicant

Date: _____ Form Number: _____

Applicant: _____

Address: _____

Description of Project: _____

Project Address: _____

Telephone No: _____ Contact Person: _____

PART B: To be Completed by the Member Agency

Date: _____

Member Agency: _____

Plan File Number: _____ NSSQ Number: _____

Credit for Existing Meter:

Quantity: _____ Meter Size: _____ Amount: \$ _____ Total: \$ < _____ >

New Water Meter(s):

Quantity: _____ Meter Size: _____ Amount: \$ _____ Total: \$ _____

Quantity: _____ Meter Size: _____ Amount: \$ _____ Total: \$ _____

Check #: _____ Total Amount Paid \$ _____

Applicant: Please make check payable to the San Diego County Water Authority

Justification for Waived Charge or Zero Amount Paid: _____

Member Agency Authorized Representative:

Name: _____ Signature: _____

Title: _____ Telephone Number: _____

See instructions on the back of the form.

Instructions for Completing SDCWA Capacity Charge Form

Part A to be completed by Applicant

Date Today's date.

Applicant/Address/Telephone No./Contact Person Property owner's name, address, phone number, and contact person (if different from the name).

Description of Project Examples: Single family residence, Irrigation meter, 10-unit condominium, etc.

Project Address If the address of the meter is different from the address of the applicant/owner, write the address in the space provided. If the address is the same, skip this line.

Part B to be completed by the Member Agency

Date Today's date.

Member Agency Write in the Member Agency Name.

Plan File Number Write in the Plan File number in the space provided. If there is none, leave blank.

NSSQ Write in the New Service Sequence number in the space provided. If there is none, leave blank.

Credit for Existing Meter If the Applicant wants to increase the size of a water meter serving the property, and if the member agency determines a larger size meter is appropriate, credit of capacity charge at the current rate for the existing meter will be applied, whether any capacity charge for the existing meter was in effect when it was obtained. However, no credit or refund shall be made if the credit for the existing meter exceeds the total capacity charge for the new meter(s).

New Water Meter(s) Fill in the quantity, size and capacity charge amount for the new meter(s).

Total Amount Paid Calculate the total amount paid, deducting any credit for the existing meter, and enter the total here. This is the total amount due. If the amount due is zero or the capacity charge has been waived, please explain in the space provided. Please reference the section number of the ordinance for any waived capacity charge. Make check payable to the San Diego County Water Authority.

Check Number Write in the applicant's check number in the space provided. If the capacity charge was paid in cash, please write CASH in the space provided.

Please Note: Check made payable to the San Diego County Water Authority that is returned by a financial institution without payment will be subject to a \$25 service charge. Payment (including service charge) must be resubmitted via a cashier's check made payable to the San Diego County Water Authority at the address listed below.

If you have questions please contact:

San Diego County Water Authority
4677 Overland Avenue
San Diego, CA 92123
(858) 522-6673