

## New Client Questionnaire

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Please fill out the following information to the best of your knowledge:

**Name of owner(s):**

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**Address:**

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**Billing address  
(if different):**

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**Email:**

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**Phone:**

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**Legal description:**

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**Number of bedrooms:**

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**In-ground irrigation  
(sprinklers):**

No  Yes

**Pools:**

No  Yes

**Legal suites:**

No  Yes

**Do you have a secondary  
water source?**

No  Yes   
If yes, is there any treatment? No  Yes

**Purpose for connection:**

New construction  Issue with existing source   
Other

All information provided remains confidential and will not be distributed to any third parties.

Please complete this form and forward a copy to our office at:

Email: [nward@aquadiversities.com](mailto:nward@aquadiversities.com)

Thank you.