

601 N. Moapa Valley Boulevard * Post Office Box 257 * Logandale, Nevada * 89021 Telephone (702) 397-6893 * Facsimile (702) 397-6894

Email: contact@moapawater.com

Date:	Property Owner	Interested Buyer	Realtor	
Customer Name:		APN:		
Description:				
Description of Estimate:				
NDOT Encroachment Permit:	\$	County Encroachment Pe	ermit: \$	
Water Dedication Ordinance:	\$ \$	Engineering Estimate:	\$	
Reimbursement Area:		Engineering Estimate.	Ψ	
Total Estimated Cost:	\$ \$	Estimate Expiration Date:		
Estimated By:		Title:		
Employee Signature		Date		
Please initial the following:				
I understand that this is an in	nformal (rough) estimate on	ly, and as such will not be used	for construction purposes.	
I understand a formal detaile	ed estimate is required with	payment received before any co	onstruction would begin.	
I understand if I require a fo	rmal detailed estimate there	will be a \$25.00 processing fee		
Customer Signature		Da	Date	
I require a formal detai	led estimate for my pro	ject.		
Processing Fee received: \$ 2	25.00 Cash	Credit Card	Check #	
Customer Signature		Date		
Employee Signature		Date		