RENTER **APPLICATION FOR WATER**

Mt. View - Edgewood Water Company

11610 32nd Street East • Edgewood, WA 98372

Phone: 253-863-7348 • Fax: 253-863-0752

www.mtvewater.com

Application is hereby made to Mt. View-Edgewood Water Company for metered water service from the mains of the Company. There is a \$75.00 refundable deposit and a \$50.00

Start date of service: Renter Information:	application fee. Please call our office, 253-863-7348, following submittal of this form to pay the total due of \$125.00						
				\$ 7	75.00		
Print Renter's Name		Refundable Deposit amount					
		WA		()		
Service Address	City	State	Zip		Phone		

Service Address

Email:

Mt. View-Edgewood Water Company is a private water company that is membership-owned. Our primary customer is the membership certificate holder. As a convenience, **Renters** are permitted to pay for water service as an agent of the membership owner, if approved both by the Water Company and the membership owner of the property billed. Membership owners and their agents are advised that meters and materials connecting to meters within the Right-of-Way are, and remain, the property of the Mt. View-Edgewood Water Company. All water piping, valves, devices, and hardware on the membership owner's side of our meter is the responsibility of the membership owner.

Meter boxes, fire hydrants, backflow assemblies, sample stations and valves must be accessible to Water Company personnel at all times with no trees or shrubs within three (3) feet of the outer perimeter of the facility. Fences or other barriers between the meter and road are not permitted as they restrict meter reading and maintenance of the water distribution system. Properties that require premises isolation or other backflow devices must annually provide copies of approved test reports. Failure to comply with Water Company requirements or failure to pay water company bills may result in water service termination regardless of agreements between membership owners and their agents.

Renter Signature				Date
I agree that the above individual is a	authorized to be my agent for	r payment	of wate	er service:
				\$50.00
Member/Owner (Print Name)	Member/Owner Signature	Date		Application Fee
Member/Owner's Mailing Address	City	State	Zip	
Phone:				
Email:				

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