BUYER MUST COMPLETE AT CLOSING Transfer Membership 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. I certify that I am the legal owner of the property described below. **NEW MEMBER INFORMATION:**

Address (billing)	City	State	Zip
Phone:	Email:		r
Please select billing preference:	Email Billings		
Previous member information:			
Legal Name(s) on Certificate		Certificat	e Number (if known)
Forwarding Address	City	State	Zip Phone
perimeter of the facility. I further aga assembly, and road or change the gra company onto the service address pro assembly on my water service line. I and properly functioning T&P Valve have any doubt, I will contact a licen- and are required by Section 608.3 of expansion tank(s) may result in leaks membership is tied to the below servi- along with the property. I understand result in water service termination. P be the Buyer's responsibility per MT	de around existing water facilities operty to install (if one is not prese understand that it is my responsil (Temperature & Pressure Valve) sed plumber. (Expansion tanks an the Uniform Plumbing Code). I us or plumbing bursts, water damag ice address, and as such must be t d that failure to comply with Wate Please note that any outstanding ba	s. I grant access ent) and test ar bility to have a in place on all re now used in understand that re, or injury. I ransferred to the or Company res	ss to the water mually a backflow in expansion tank water heaters. If I all new construction failure to install the understand that this he new owner(s) quirements may
be the Buyer's responsibility per WT	VE ByLaws.		
Print Member's Name –Buyer(s)	Signature(s)		Date
Service Address			Zip

 Parcel number
 Route Number _____ Seq Number _____

 Transfer Fee: \$125.00
 Balance on Account: \$_____ TOTAL: \$_____