## **Transfer Membership** APPLICATION FOR WATER

Mt. View - Edgewood Water Company 11610 32<sup>nd</sup> 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.

<b>NEW MEMBER INFORMATION</b> (PLEASE PRINT NAME(S) AS THEY APP		RCHASE AGREEME	ENT)	
Address (billing)		City	State	Zip
Phone:	Email:			
Please select billing preference:	Email Billing Paper Billing Both Email a	s		
Previous member information:	2000 2000 0	ruper 🗀		
Legal Name(s) on Certificate			C	ertificate Number
Forwarding Address	City	State	Zip	Phone Number
water main, and valves) accessible a of the facility. I further agree to not and road or change the grade over exservice address property to install (if water service line. I understand that functioning T&P Valve (Temperature doubt, I will contact a licensed plum required by Section 608.3 of the Unit expansion tank(s) may result in leak membership is tied to the below servalong with the property. I understant result in water service termination. The better Buyer's responsibility per MT	place a fence or a disting water facility one is not present it is my responsible & Pressure Value ber. (Expansion to a form Plumbing Caster of the sort plumbing buryice address, and a distant failure to copplease note that an	ny barrier between ities. I grant acces t) and test annuall pility to have an ex- ve) in place on all anks are now used ode). I understand sts, water damage as such must be tra pomply with Water	n the meter, back as to the water co y a backflow ass expansion tank and water heaters. It if in all new const that failure to in or injury. I und ansferred to the n Company requir	flow assembly, empany onto the embly on my d properly f I have any truction, and are estall the erstand that this ew owner(s) ements may
Print Member's Name –Buyer(s)	Signature(s)			Date
Service Address	City Rout	WA State  Provided the Number	Zip Seq Number	
Parcel number Transfer Fee: \$125.00 Bal	ance on Account:	\$	_TOTAL: \$	