

Spokane Valley WA 99212 Ph: 509-926-4563, Fax: 509-922-8170 Email: orchardaveirrigationdist6@comcast.net

## APPLICATION FOR WATER SERVICE

Name/Firm:
Billing Address:
Phone Number:
Address of property to be served:
Parcel Number:
The meter size applying for:
nterest in property (check one):
( ) - Sole Owner
( ) - Part Owner
( ) - Sole Purchaser
( ) - Part Purchaser
( ) - Other (specify)
Water Use (check one):
( ) - Residential
( ) - Commercial – Specify nature of business
( ) - Other (specify)
Enclosed is a security deposit of \$, required by the District's Rules
and Regulations. The prepaid deposit may cover the estimated cost of installation. If the estimate is
not correct, it will be adjusted appropriately between the District and the applicant.
Billing for water service is done annually through the Spokane County Treasurer's office. The
applicant will promptly pay all charges and assessments for the water service. The applicant has
been made aware that failure to keep such obligations will result in a lien against the property from
the Spokane County Treasurer's office.
Date: Applicant's Signature: