

Sherwood Forest Improvement Association
2019-2020 Well Agreement

Name _____

Mailing
Address _____

Property
Address _____

Phone Number _____

Email _____

I acknowledge that I have read and agree to the following regarding use of the Sherwood Forest Community Well.

1. That I have paid my annual dues of \$50 and am a current member of SFIA.
2. That all water from this well is to be used at my address for regular household use. No commercial or other use.
3. That the loaning or copying of well keys is strictly prohibited and will result in the immediate cancellation of well use privileges and possible prosecution.
4. That I will pay a well usage fee of \$100 per year.
5. That I will pay a fee of \$5.00 in the event of a lost key or key replacement.
6. I will securely lock the well after each use.
7. I acknowledge the receipt of a well key. Lock will be changed yearly.

Signature _____ Date _____

Amount Paid _____

Vehicle Information

Year _____

Model _____

Make _____

Color _____

License Plate Number _____

*All information must be filled out.

Authorized
Representative_____