



## SHERWOOD FOREST IMPROVEMENT ASSOCIATION

Well Agreement for July 1, 20\_\_ thru June 30, 20\_\_

All information must be filled out.

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.

- ⇒ That I have paid my annual dues of \$50 and am a current member of SFIA.
- ⇒ That I will pay a well usage fee of \$100 per year. (Well use fees are for the Fiscal Year - July 1st thru June 30th.)
- ⇒ That all water from this well is to be used at my property address for regular household use. NO commercial or other use is permitted.
- ⇒ 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.
- ⇒ That I will pay a fee of \$5.00 in the event of a lost key or key replacement.
- ⇒ I will securely lock the well after each use.
- ⇒ I acknowledge the receipt of a well key. **DATE KEY RECEIVED:** \_\_\_\_\_

**NOTE:** The well lock will be changed yearly. The new lock keys will be made available to you at the Summer Semi-Annual Meeting. It is your responsibility to pick up the new key, or to contact the Well Manager to make arrangements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

### Vehicle Information:

License Plate - State & Number: \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

SFIA Authorized Representative: \_\_\_\_\_