



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 \$100 and I 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: _____