

**SCATCHET HEAD WATER DISTRICT**  
**APPLICATION FOR LEAK FORGIVENESS**

**OWNERS**  
**NAME:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**BILLING ADDRESS (IF DIFFERENT)** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**REASON FOR**  
**REQUEST:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACH ANY DOCUMENTS OR RECEIPTS** \_\_\_\_\_

**OWNER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MAIL OR DELIVER TO:**  
  
**KING WATER COMPANY**  
**107 S. MAIN STREET**  
**COUPEVILLE 98239**  
**MAILING ADDRESS:**  
**P O BOX 2243**  
**OAK HARBOR, WA 98277**  
**360-678-5336**

