

SCATCHET HEAD WATER DISTRICT

APPLICATION AND AGREEMENT FOR SINGLE WATER SERVICE

NAME OF PROPERTY OWNER _____

ADDRESS: _____

MAILING ADDRESS (USED FOR BILLING) _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ OTHER _____ Email _____

SERVICE ADDRESS: _____

ASSESSOR'S TAX PARCEL NO.: _____

DATE _____ OWNERS SIGNATURE _____

OFFICE USE ONLY

SERVICE INSTALLATION FEE: \$ _____

RECOVERY CHARGES \$ _____

OTHER \$ _____

TOTAL DUE \$ _____

**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