

**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:
BRANCH BUSINESS SERVICES
404 S MAIN STREET
COUPEVILLE, WA 98239**