

Transfer Membership APPLICATION FOR WATER



Mt. View - Edgewood Water Company
11610 32nd Street East ▪ Edgewood, WA 98372
Phone: 253-863-7348 ▪ Fax: 253-863-0752
www.mtvewater.com

Application is hereby made to Mt. View-Edgewood Water Company for metered water service from the mains of the Company. I certify that I am the legal owner of the property described below.

NEW MEMBER INFORMATION:

PLEASE PRINT NAME(S) EXACTLY AS THEY APPEAR ON YOUR DEED:

Address (billing) _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Previous member information:

Legal Name(s) on Certificate _____ Certificate Number _____

Forwarding Address _____ City _____ State _____ Zip _____ Phone Number _____

Meters and materials are, and remain, the property of the Mt. View-Edgewood Water Company. I agree to keep all water company facilities (meter boxes, fire hydrants, backflow assemblies, sample stations, water main, and valves) accessible at all times with no trees or shrubs within 2 feet of the outer perimeter of the facility. I further agree to not place a fence or any barrier between the meter, backflow assembly, and road or change the grade over existing water facilities. I grant access to the water company onto the service address property to install (if one is not present) and test annually a backflow assembly on my water service line. I understand that it is my responsibility to have an expansion tank and properly functioning T&P Valve (Temperature & Pressure Valve) in place on all water heaters. If I have any doubt, I will contact a licensed plumber. (Expansion tanks are now used in all new construction, and are required by Section 608.3 of the Uniform Plumbing Code). I understand that failure to install the expansion tank(s) may result in leaks or plumbing bursts, water damage, or injury. I understand that this membership is tied to the below service address, and as such must be transferred to the new owner(s) along with the property. I understand that failure to comply with Water Company requirements may result in water service termination.

Print Member's Name –Buyer(s) _____ Signature(s) _____ Date _____

Service Address _____ City _____ State WA _____ Zip _____

Route Number _____ Seq Number _____

Parcel number _____

Transfer Fee: \$ _____ Balance on Account: \$ _____ TOTAL: \$ _____