

New Membership
APPLICATION FOR WATER

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

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

Membership owner information:

Legal Name(s) for Certificate Day Phone

Current Mailing Address City State Zip

Meter Size: _____ Service Installation Charge: \$ _____ Membership: \$ _____

Square Footage over 3600 sq ft: _____ Fire Protection Fee: _____ **TOTAL: \$** _____

I understand that the service installation charge will include labor, materials, and costs associated with the installation. Meters and materials are, and remain, the property of the Mt. View-Edgewood Water Company. I agree to keep meters, backflow assemblies, and valves accessible at all times with no trees or shrubs within a two-foot radius. I further agree to not place a fence or any barrier between the meter, backflow assembly, and road. 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 hot 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.

*** Important Notice: Bi-Monthly charges (Water Base, Water Usage, and Fire Protection) shall start when the meter is installed.**

Print Member's Name Signature Date

Service Address City State Zip Phone

Parcel number or Tax Description

OFFICE USE

Date Service Completed: _____ Account Number: _____

Route Number: _____ Sequence Number: _____ Digits: _____

Meter Number: _____ Manufacturer: _____ J/O: _____

Manager: _____ DCVA Serial Number: _____

LAT: _____ LON: _____

Inventory

_____ ¾" Set

_____ ¾" Double Check

_____ 1" Set

_____ 1" Double Check

_____ 2003.00 1" Copper

_____ 1709.00 Traffic Meter Box Plastic Small 11x18

_____ 1711.00 Traffic Meter Box Plastic Large 13x24

_____ 1719.00 Meter Box Plastic small 14x19

_____ 1721.00 Meter Box Plastic Large 12x20

_____ 1805.00 ¾" Meter Direct Read

_____ 1807.00 1" Meter Direct Read

_____ 1825.00 ¾" Meter Radio Read

_____ 1827.00 1" Meter Radio Read

_____ 1841.00 Single Port Radio (MXU)

_____ 1842.00 Dual Port Radio (MXU)

_____ 1855.00 ¾" Meter Register

_____ 1857.00 1" Meter Register

Additional Inventory Used:
