

Revised 9/19/06

# Transfer Membership APPLICATION FOR WATER



**Mt. View - Edgewood Water Company**  
11610 32<sup>nd</sup> 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 from the mains of the Company. I certify that I am the legal owner of the property described below.

**NEW OWNER INFORMATION:**

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

\_\_\_\_\_

Address (billing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

**Previous owner 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 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.

Print Member's Name –Buyer(s) \_\_\_\_\_ Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Service Address \_\_\_\_\_ City \_\_\_\_\_ WA \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ (253)

Parcel number \_\_\_\_\_ Tax Description \_\_\_\_\_

Transfer Fee: \$ \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

Meter Number \_\_\_\_\_ Route Number \_\_\_\_\_ Seq Number \_\_\_\_\_