

HIGHLINE WATER DISTRICT CERTIFICATE OF WATER AVAILABILITY

SITE ADDRESS: _____

Section _____ **Township** _____ **Range** _____

BLOCK #: _____ **LOT#:** _____ **Parcel#** _____

BUILDING PERMIT

PRELIMINARY PLAT

SHORT SUBDIVISION

REZONE OR OTHER

PROPOSED USE & SCOPE: _____

OWNER NAME: _____

ADDRESS: _____

PHONE: _____ / _____

AGENT/CONTACT:

ADDRESS: _____

PHONE: _____ / _____

| | | | |
|--------------------|--|-------------------|--|
| AMOUNT DUE: | | DATE PAID: | |
|--------------------|--|-------------------|--|

| | |
|----------------------|--|
| Meter Size(s) | |
| NOTES: | |
| | |
| | |
| | |

Please fax completed form to 206-824-0806. E-mail to Pdaigle@Highlinewater.org. Mail to PO Box 3867 Kent, WA 98032. Please call 206-592-8924 if you have any questions.