

119 West First Street
Cle Elum, WA 98922



Telephone · (509) 674-2262
Fax · (509) 674-4097

www.cityofcleelum.com

Application for Water Service and Membership

Effective Date: _____

Name of Applicant(s) _____

Physical Address _____

Mailing Address: _____

Phone Numbers: (Home) _____ **(Work)** _____

(Cell) _____ **(Fax)** _____

E-Mail Address: _____

Number of Living Units to be served: _____

Intended Use if Other than Residential: _____

Show a rough sketch of your property, the rough distance from the meter to the point of use (if known), and the street or road fronting the property:

Signature of Owner(s): _____ **Date:** _____

Signature of Owner(s): _____ **Date:** _____

Completion of the following information is voluntary. The following data is collected for Federal statistical purposes only. Please indicate on the following racial categories for this application:

Black _____ **Hispanic** _____ **Asian** _____ **Alaskan or Indian** _____ **Caucasion** _____

This information will assure the Federal Government that Federal Laws prohibiting discrimination against applicants on the basis of race are complied with. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Association is required to note the race of individual applicants on the basis of visual observation or surname. This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the Administrator, USDA, Rural Development, Washington D.C. 20250-0700

FOR OFFICE USE ONLY: Account Number: _____

Application for Water Service and Membership (Continued)

Effective Date: _____

Physical Address _____

New Owner: _____

Mailing Address _____

Phone Numbers: (Home) _____ (Work) _____

(Cell) _____ (Fax) _____

E-Mail Address: _____

Closed Through (Title Company): _____

Address: _____

Title Company Phone Number: _____ Closing Date _____

Contact Name: _____

Renter's Name, if applicable: _____

Number of Garbage Cans Needed _____ **(Required Service)**

Garbage Pickup Day _____

Signature of Owner _____ Date _____

Signature of Owner _____ Date _____

FOR OFFICE USE ONLY: Account Number _____

Seller's Name _____

Forwarding Address _____

Phone Numbers:

(Home) _____ (Work) _____ (Cell) _____

Description of Changes/Additions to be made: _____

