



504 Clubhouse Way W.  
Mattawa, WA 99349

[www.desertaire.org](http://www.desertaire.org)  
[office@desertaire.org](mailto:office@desertaire.org)

Phone: (509) 932-4839  
Fax: (509) 932-5844

## Request for Water Service

Date:	Lot	Division
Applicant:		
Address:		
City	State	Zip
Phone:	Email:	

- A. I, \_\_\_\_\_ hereby request that I be provided water service from Desert Aire Owner's Association. In consideration of being provided such service I agree that I shall,
1. Pay all fees and charges imposed by Desert Aire Owner's Association for such service. This includes the quarterly water availability fee whether water is used or not.
  2. **To provide an approved shut off valve on my side of the service for my use.**
  3. Not to use or access in anyway, the water service box unless authorized to do so.
- B. I further acknowledge that service will be installed on a first come first serve basis and that from time to time water service may be interrupted because of system emergencies. As further consideration for supplying water I agree to hold Desert Aire Owner's Association and its agents and employee's harmless from any liability or damage of any type on account of interruption of my service supply.
- C. **Any additions and or changes to my water use plans that were submitted to the Architectural committee shall be submitted also to the water department for approval and I shall comply with recommendations and requirements set forth by the same.**
- D. Desert Aire has implemented the following policies and strictly enforces the provisions there in. Cross Connection Control, Well Head Protection and Water Conservation.
- E. I specifically understand that my water service may be terminated if I fail to comply with the above terms and or the rules and regulations that govern the operation of the system.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Signed: \_\_\_\_\_

For more information on these policies please contact the water department office during normal work hours.

Amount: <b>\$650.00</b>	Method of Payment:	Date Paid:
Received From:		Received By:
<input type="checkbox"/> Scanned	<input type="checkbox"/> Copy for Water Master	