



2924 SE Lund Avenue, Port Orchard, WA 98366

(360) 876-2545 • Fax (360) 874-5030

www.customerservice@wsud.us

**APPLICATION FOR
BINDING WATER AVAILABILITY COMMITMENT**

In order to be binding, this Application must be completed, dated and signed by the General Manager of West Sound Utility District (“District”) or his/her authorized designee.

For each water commitment sought for a water hook-up, please complete the section below. Verbal approval of this Application provided over the phone by a District representative or completion of this Application by a person other than the District’s General Manager or his/her authorized designee will not be accepted by the District or deemed valid in any respect.

THIS SECTION TO BE COMPLETED BY APPLICANT:

The Public Water System, West Sound Utility District, State ID No. 02600 W, is capable of supplying and will supply water to:

Property owner _____ for _____ connection(s) located
at: _____
(Property Address and County Assessor’s account number)

- This connection is to be used for _____
- This connection is for commercial or industrial purposes.

The Availability Letter is valid for three (3) years from the date appearing below. At the conclusion of this three-year period, the Water Commitment provided hereby shall automatically terminate and have no further legal force or effect. The “Terms and Conditions” found on the back-side of this Application shall expressly control the District’s and Applicant’s obligations and rights concerning the Water Commitment provided herein. Applicant must also sign, date and include his/her address on reverse side hereof.

THIS SECTION TO BE COMPLETED BY DISTRICT:

WEST SOUND UTILITY DISTRICT:

By: _____ DATE: _____

Print Name & Title: _____

Mailing Address:	2924 SE Lund Avenue	Phone: 360-876-2545
	Port Orchard, WA 98366	Fax: 360-874-5030

“TERMS AND CONDITIONS OF WATER COMMITMENT”

1. This Water Commitment is valid only for the real property referenced herein for the sole purpose of submission by Applicant to the Kitsap County Department of Community Development and/or the Bremerton/Kitsap County Health Department. It is entered into between District and Applicant only, and shall not be assigned or transferred by Applicant to any other person or entity. Further, no third person or entity shall have any rights hereunder, whether by agency, as a third party beneficiary, or under any other circumstances whatsoever.
2. District makes no representations, express or implied, that Applicant will be successful in obtaining the necessary permits, approvals, and/or authorizations from Kitsap County or any other governmental agency that is necessary before Applicant may utilize the utility service which is the subject of this Water Commitment.
3. The binding water availability commitment does not release the applicant from making those water system improvements necessary for applicant’s project and approved by West Sound Utility District.

TO BE COMPLETED BY APPLICANT:

Applicant Signature: _____ Date: _____

Address: _____

City, State, Zip Code _____

Phone number: _____ FAX Number: _____

E Mail Address: _____

TO BE COMPLETED BY DISTRICT:

		Receipt Number
Fees: General Facility Charge’s	_____	_____
Special Assessments	_____	_____
Meter	_____	_____
Total Paid	_____	_____