



# WOODINVILLE WATER DISTRICT

17238 N.E. Woodinville-Duvall Road  
P.O. Box 1390  
Woodinville, Washington 98072-1390  
(425) 487-4100  
FAX (425) 485-6381

## REQUEST BY OWNER FOR CHANGE IN MAILING ADDRESS

WWD Account #: \_\_\_\_\_

The undersigned property owner (hereinafter called "Owner") who owns property within Woodinville Water District at:  
(account service address): \_\_\_\_\_ ("Property")  
hereby requests that the District update its billing records and requests that bill for utility service charges be mailed to:

(NEW mailing address of Owner): \_\_\_\_\_

Owner acknowledges that the District's adopted policy is to bill the Owner directly and also acknowledges that State law provides that delinquent service charges become a charge against the Owner's property. All utility service charges for service are the real property Owner's responsibility.

Owner hereby acknowledges that in the event the District's utility service charges for service to the Owner's Property become delinquent, the District is permitted by State law to file a lien against Owner's Property and may foreclose said lien and sell Owner's Property in the event the delinquent charges are not paid. Owner hereby releases and waives all claims against the District in the event it files and forecloses any lien against Owner's Property.

Owner hereby acknowledges that in the event the District's utility service charges for service to Owner's property are delinquent for more than 60 days, the District is permitted by State law to terminate water service to Owner's Property. Owner hereby releases and waives all claims against the District in the event water service to the Owner's Property is terminated.

Owner hereby acknowledges that the address above is the Owner's complete and true mailing address. All notices regarding delinquent utility service charges, letter of intention to file lien and water termination notices shall be sent to the address provided to the District by Owner and Owner hereby agrees to hold District harmless for any damages resulting for Owner's failure to receive District's notices.

Owner further agrees to notify District if Owner sells, transfers or conveys Owner's Property and any interest therein.

DATED this \_\_\_\_\_ Day of, \_\_\_\_\_ 201\_\_\_\_\_.

\_\_\_\_\_  
Signed (property owner)

(Valid only if signed before Notary Public)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Property Owner's Address

\_\_\_\_\_  
Property Owner's Telephone Number

\_\_\_\_\_  
Email Address

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF KING )

I certify that I know or have satisfactory evidence that \_\_\_\_\_ signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Notary Public in and for the State of Washington, residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_