

· The Town of Darrington, Washington is responsible for protecting the drinking water supply from contamination or pollution which could result from improper private water distribution system construction or configuration. The purpose of this service agreement is to notify each customer of the restrictions which are in place to provide this protection. The utility enforces these restrictions to ensure the public health and welfare.

· I agree that all rates and charges for water service to the above property shall be paid in accordance with existing ordinances, resolutions and regulations, the exact amounts as set by resolution of the Town of Darrington or any such ordinances, resolutions and regulation passed thereafter and is payable immediately upon completion of the applications: Engineering Fees; Water Main Extension; Fire Hydrant Installation; Street Repairs; Tap-In Charge; Equalization Fee; Water Service; Connection Charge; Metering Charge; and other such charges as established by Title or Council resolution.

· I agree to take all measures necessary to prevent the contamination of the plumbing system within the premises and in the Town's distributions system that may occur from backflow through a cross connection. These measures shall include the prevention of backflow under any back-siphonage condition, including the disruption of the water supply from the Town's system that may occur during routine system maintenance or during emergency conditions such as a water main break. I agree to immediately notify the Town of Darrington and the Snohomish Health District of any backflow incident occurring within my premises (i.e., entry of any contaminant/pollutant into the drinking water) and I will fully cooperate with the Town to determine the reason for the backflow incident. I acknowledge and agree to the right of the Town of Darrington to discontinue the water supply within 72 hours of giving notice to me, or a lesser period to protect public health, if I fail to cooperate with the Town in the survey of the premises in the installation, maintenance, repair, inspection or testing of backflow preventative assemblies or air gaps as required by the Town, or in the Town's efforts to contain a contaminant or pollutant that is detected in the system. I acknowledge the right of the Town of Darrington, in keeping with changed in Washington State regulations, industry standards, or the Town's risk management policies, to impose retroactive requirements for additional cross connection control measures.

· I agree to indemnify and hold harmless the Town of Darrington for all contamination of my plumbing system or the Town's distribution system that results from an unprotected or inadequately protected cross connection within my premises. This indemnification shall pertain to all backflow conditions that may arise from the Town's suspension of water supply or reduction of water pressure, recognizing that the air gap separation otherwise required would require me to provide adequate facilities to collect, store and pump water for my premises.

· I agree to install, operate, and consistently maintain my plumbing system in compliance with the current edition of the Uniform Plumbing Code having jurisdiction as it pertains to the prevention of contamination and protection from thermal expansion, due to a closed system that could occur with the present or future installation of a backflow preventer on my service and/or plumbing fixtures.

· **PLEASE READ AND SIGN BELOW:** I understand that payment is due in full by the date specified on my bill, and that the Town will assess a \$10.00 late penalty on any past due portion of the bill, as set by Council ordinances and resolutions. Additionally, I understand that failure to pay by midnight on the day prior to the shut-off date, which is specified on the delinquent notice, will result in the disconnection of my service on that shut-off date, and a \$100.00 service disconnection fee will be charged to my account. Once my balance is paid in full, including the \$100.00 service disconnection fee, water service will be restored within 24 hours, excluding weekends and holidays.

Forms of payment accepted: Cash Check Debit/Credit (fees will apply)

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____

OFFICE USE ONLY

Form of Payment: CASH CHECK DEBIT/CREDIT

Metered non-Metered Residential Commercial Industrial

WM Services Requested Date: ____/____/____ Utility Account Number: _____

Authorized Clerk Signature: _____ Date: ____/____/____



Town of Darrington

Utilities Department

1005 Cascade St., PO Box 397

Darrington, WA 98241

P. 360-436-1131 F. 360-436-0221

Monday-Friday 9AM- 4PM

www.townofdarrington.com

Application for Water/Garbage Service

Application Fee: \$25.00

Per Service Address

Do you or have you had an account with the Town of Darrington before? Yes No

Please Check One: Owner Tenant Management Company Realtor

Address Service Type: Residential Commercial Industrial Other: _____

Name(s): _____ Application Date: ____ \ ____ \ ____

Service Address: _____

Mailing Address: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Email: _____

*Please specify closing/move-in date: _____

WE MUST HAVE A VALID MAILING ADDRESS WITHIN 7 DAYS OF PAYMENT OR SERVICE WILL BE SUSPENDED

All Tenants, please fill out Owner Contact Information

Name: _____ Phone Number: _____

Mailing Address: _____

Waste Management Services

The Town of Darrington contracts with Waste Management for garbage services.

Please review rate and size chart to choose a container:

Service Description: 20 GAL MSW 35 GAL MSW 35 GAL 1XMO 64 GAL MSW 96 GAL MSW

Other: _____

Residential

Commercial

Please direct all service changes and questions to Town Hall at 360-436-1131,
or in person at 1005 Cascade St. Darrington, WA 98241.

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