

The following information is required for applying for a water or wastewater line extension. Line Extension: Wastewater Project Name:	
Mailing Address:	City/State/Zip:
Contact Number:	Email:
Relationship to the property owner:	
Property Owner:	
Mailing Address:	City/State/Zip:
Contact Number:	Email:
Project Engineer:	
Contact Number:	Email:
Property Address:	City/State/Zip:
Parcel #	
This section is to be completed by a PUD representative.	
SERVICE AREA	
WATER: WA WENATCHEE: WA OLALLA CANYON: C DRYDEN: CHELAN RIDGE: CHELAN FALLS: C	ASTEWATER: LAKE WENATCHEE: PESHASTIN: DRYDEN:
FEE SECTION	
Water Line Extension Application Fee:	
Wastewater Line Extension Application Fee: Grand Total for Line Extension Fees:	

The undersigned applicant herby applies for a water and/or wastewater line extension at the above described property. The applicant is the owner of the described property or the authorized agent of the owner. The applicant warrants and represents that all of the above provided information is true and accurate and this application is being signed under penalty of perjury. In the event Chelan PUD finds that any of the information herein provided is untrue and/or inaccurate, applicant agrees and acknowledges that as such, Chelan PUD has no obligation to approve the application and if Water or Wastewater Service has been provided, Chelan PUD has good cause under Utility Service Regulation No. 12 and may disconnect Water or Wastewater service.

Applicant acknowledges and agrees in the event this application is approved and service is provided by Chelan PUD, this application incorporates by reference all Chelan PUD rules, regulations, policies and rate schedules, as now exist or as may be hereafter amended and applicant's acceptance of service constitutes a contractor between the customer and Chelan PUD.

The individual executing this application represents and warrants that he/she is an authorized signatory of the entity for which he/he is signing, and have sufficient corporate authority to execute this application.

If submitting application via fax or email, a complete and correct **signed original is required** and must be received by Chelan PUD within 10 business days of the date of applicant's signature, to avoid termination of this agreement.

Signature:

Printed Name: _____

Title: