



P.O. Box "J"
MANSON, WASHINGTON 98831
PHONE: (509) 687-3548
FAX: (509) 687-9884

SERVICE ID: _____

REQUEST FOR REIMBURSABLE SERVICES

NAME: _____

PARCEL#: _____

MAILING ADDRESS: _____

DCVA INSTALLATION:

HYDRANT RELOCATE:

PHONE NUMBER: _____

METER RELOCATE:

E-MAIL: _____

LINE EXTENSION:

OTHER: _____

PROPERTY ADDRESS: _____

TYPE OF WORK REQUESTED? _____

WHAT DATE WOULD YOU LIKE THE REQUESTED SERVICE COMPLETED BY? _____

* PLEASE ATTACH A LCRD PARCEL MAP TO THIS FORM SHOWING THE LOCATION OF THE WORK REQUESTED. LCRD REQUIRES 30 DAYS ADVANCE NOTICE PRIOR TO ANY SERVICE INSTALLATION.

CUSTOMER ACKNOWLEDGES AND AGREES TO THE FOLLOWING BY SIGNING THIS DOCUMENT:

1. LCRD WILL COMPLETE THE REQUESTED JOB AND BILL THE CUSTOMER FOR TIME AND MATERIALS. A DEPOSIT OF 50% IS DUE UPON SIGNING THIS DOCUMENT AND THE BALANCE IS DUE WITHIN 30 DAYS FROM THE COMPLETION OF THE JOB. A LATE FEE OF 1.5% WILL APPLY EACH MONTH DELINQUENT. FAILURE TO PAY WILL RESULT IN A LIEN FILED ON THE PROPERTY.
2. A DOMESTIC SERVICE REQUIRES A DOUBLE CHECK VALVE ASSEMBLY. THE CUSTOMER WILL HAVE THE ASSEMBLY (DCVA) INSPECTED AND TESTED ANNUALLY AT YOUR OWN COST AS REQUIRED BY THE DEPARTMENT OF HEALTH WAC 246-290-490.

ADDITIONAL PROJECT NOTES: _____

CUSTOMER SIGNATURE: _____

DATED: _____

JOB COST ESTIMATE: \$ _____

CHECK NUMBER: _____

DEPOSIT AMOUNT DUE: _____

DATE PAID: _____

RECEIVED BY: _____

LAKE CHELAN RECLAMATION DISTRICT

HOOK UP COMPLETED ON: _____

HOOK UP BY: _____

METER MAKE: _____

BACKFLOW SERIAL NUMBER: _____

METER SERIAL: _____

BACKFLOW MAKE/MODEL: _____

DIALS: _____ STARTING READ: _____

BACKFLOW SIZE: _____

ATTACH: REIMBURSABLE PROJECT LOG

PIPE REPAIR/INSTALLATION REPORT (FIELD SKETCH)