

COMMISSIONERS  
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## Request Certificate of Water Availability

Date of request: \_\_\_\_\_

### CONTACT INFORMATION

Contact person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(If different than Contact, this name will appear on the certificate.)

### PROPERTY INFORMATION

Address (If applicable) \_\_\_\_\_

Legal description: \_\_\_\_\_  
Section – Township – Range – Parcel Number

Name of development: \_\_\_\_\_ # of proposed lots: \_\_\_\_\_

Commercial/multi-family development provide required gpm per FM \_\_\_\_\_  
(Otherwise the certificate with state 1,000 gpm)

### PURPOSE OF CERTIFICATE

Building Permit       Preliminary Plat of PUD  
 Short Subdivision       Rezone or other (Explain) \_\_\_\_\_

### DOCUMENTATION ATTACHED

Plat Map       Other  \_\_\_\_\_

### JURISDICTION

City of Covington       City of Kent       King County

*To be completed by WD #111 office*

Date customer contacted for pick up \_\_\_\_\_

Direct contact       Left message  \_\_\_\_\_

Certificate fee: \$ \_\_\_\_\_      Receipt #: \_\_\_\_\_      phone number \_\_\_\_\_  
Map #: \_\_\_\_\_