COMMUNITY DEVELOPMENT DEPARTMENT
80 Columbia Avenue, Marysville, WA 98270
(360) 363-8100, (360) 651-5099 FAX

Recovery Contract Application

Circle Recovery Type: Water Sewer Storm Road/Signal
(Submit separate application for each type)

Project Name: _____

Location/Address: _____

Applicant Contact Information

Name of Contact: _____

Mailing Address: _____

City/State/Zip: _____

Phone No: (_____)_____ Fax No: (_____)_____

E-mail: _____

Contract Information

Company Name on Contract: _____

Mailing Address for next 15 years: _____

City/State/Zip: _____

Contract Signer's Name/Title: _____

Phone No: (_____)_____ Fax No: (_____)_____

E-mail: _____

Administrative Fee: $500 or 1% of Project Cost, whichever is greater.

Signature of Applicant: _____ Date: _____

Rev: Aug 2009