COMMUNITY DEVELOPMENT DEPARTMENT
80 Columbia Avenue ◆ Marysville, WA 98270
(360) 363-8100 ◆ (360) 651-5099 FAX
www.marysvillewa.gov

RECOVERY CONTRACT APPLICATION

MMC 14.07.090

SITE INFORMATION	
Project Name:	File No:
Site Address:	Tax Parcel No:

TYPE OF RECOVERY
☐ Water
☐ Sewer
☐ Storm (regional only)
☐ Other (specify):
(If more than one, submit separate application for each type – attach Bill of Sale and Letter of Acceptance)
(Application must be submitted no later than final acceptance – submit supporting documents within 30 days)

APPLICANT INFORMATION	
Name:	Company:
Address:	
City/State/Zip:	
Phone (home/office):	Phone (cell):
E-mail:	

CONTRACT INFORMATION	
Company Name on Contract:	
Mailing Address for next 20 yrs:	
City/State/Zip:	
Contract Signer's Name/Title:	
Phone (home/office):	Phone (cell):
E-mail:	

Administrative Fee: $500 or 1% of recoverable amount, whichever is greater. $500 due at application and remainder due at contract signing. (Admin filing fee - Code 4006)

_____	_____	_____
Signature of Owner/Applicant	Print Name	Date

Rev: July 2015