

THREE LAKES WATER ASSOCIATION
P.O. BOX 24
SNOHOMISH, WA. 98291-0024
360.568.8022

Date: November 11th, 2016

Account # _____

We have on record that you have requested a duplicate copy of your bill to be sent to another designee. This process takes extra time, materials and postage to complete. In the November 9th, 2016 board meeting, the Board of Trustees established that going forward in order to complete this step, there will be a \$5.00 convenience charge added onto your bill for each billing copy that is requested in a given billing period. This Board action effectively cancels your prior request to send a duplicate copy of your bill to be sent to another designee. In order to resume this process we need the following duplicate bill request form filled out, signed and returned to us. Please return the document to us prior to the 10th of the month in order to allow ample processing time.

Thank you,

Three Lakes Water Association Staff

THREE LAKES WATER ASSOCIATION
P.O. BOX 24
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Duplicate Bill Request Form

This form must be filled out, signed, dated and returned to us by the property owner by the 10th of the month in order to be included as a change to the duplicate bill process that month.

Please fill out this form and return to us at:

Three Lakes Water Association
P.O. Box 24
Snohomish, WA 98291

Account # _____

Name(s): _____

Service Address: _____

Mailing Address: _____

I understand that by filling out, signing and returning this document to Three Lakes Water Association, that I am agreeing to the \$5.00 convenience fee each billing period. This \$5.00 fee will be assessed to my account each billing period going forward until I notify you otherwise. I understand that for each additional designee I request, that I will incur an additional \$5.00 fee. I understand that I can stop this process by sending in this same document with the word "remove" by the name of the designee with my signature and date.

Share Holder's Signature: _____ Date: _____

Designee's Name(s): _____

Designee's Mailing Address: _____

Comments: _____

