



P.O. Box 24, Snohomish, WA 98291-0024
(360) 568-8022 www.3lwa.org
customerservice@3lwa.org

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

Share/Account #: _____

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: _____

Additional Account Comments: _____
