



City of Castle Rock
PO Box 370
Castle Rock, WA 98611
360.274.8181
finance@ci.castle-rock.wa.us

RETAIL WATER SALES APPLICATION

In accordance with Castle Rock Municipal Code, Ordinance No. 2024-11

Company Name and Mailing Address:

Phone: () _____ Cell: () _____

Description of hauling vehicle: (Make, Model, Year, Color, License)

Approximate Start Date: _____

Retail Water Sales Fee is **.05 (five cents)** per gallon, in addition to a meter charge of **\$44.48** per customer each month or partial month of meter use, per request. Customers must have an approved backflow device prior to getting water, if you don't have one you can use ours for a charge of \$20 a month.

Payment is due at the end of the following month in which service is received. If still unpaid by the 10th of the following month services will no longer be provided until the account is paid in full and a new application is filled out.

Overtime will be charged if city staff is requested to respond after hours; **a minimum of 2 hours** per request.

This Retail Water Sales Application must be completed by the customer and hydrant arrangements made with the Public Works Director, prior to any sales becoming final.

The Public Works Director is authorized to make retail sales of water at the hydrants designated as follows:

360 A Street SW, City Maintenance Shop

Northwest corner of State Route 504 and Old Spirit Lake Highway Connection

It shall be unlawful to obtain water for private or commercial use from the city's hydrants other than designated through Chapter 13.16. Violation of this section shall be a misdemeanor.

The City does not guarantee potability once the water leaves the hydrants.

Please be sure to contact the Finance Office at (360) 274-8181 when you are finished drawing water and would like to close your account or you will continue to be charged the monthly meter charge of \$44.48 plus tax each month until we have been notified to close the account.

I understand and agree to comply with the conditions stated within this application.

Signature of Applicant: _____ Date: _____

Printed Name: _____

OPTIONS TO RETURN FORM TO THE CITY:

◆ **MAIL:** CITY OF CASTLE ROCK
PO BOX 370
CASTLE ROCK WA 98611

◆ **DROP OFF/DROP BOX:** CASTLE ROCK CITY HALL
FINANCE OFFICE
141 A ST SW, CASTLE ROCK WA 98611

◆ **EMAIL:** FINANCE@CI.CASTLE-ROCK.WA.US

• **QUESTIONS? CONTACT:**
• Email: finance@ci.castle-rock.wa.us
• Phone: 360-274-8181 ext. 301

****Office Use only****

Beginning Meter Read: _____ **Final Meter Read:** _____

Closed Date: _____

Meter Color _____