



# Transfer of Water System Ownership Form

OFFICE OF DRINKING WATER

I N V O I C E

**To:**

Washington Water Service Company  
Scott A. Bailey  
PO Box 336  
Gig Harbor, WA 98335-0336

**Invoice #: 2018-14**

**Invoice Date: 06/04/2018**

<b>PWS ID #</b>	10340
<b>Transfer of Ownership Fee</b>	\$102.00
<b>Payment Due Date</b>	07/04/2018
<b>Balance Due</b>	\$102.00

*Payment due within 30 days.*

***Make check or money order payable to the Department of Health  
Return lower portion to:***

*Department of Health  
PO Box 1099  
Olympia, WA 98504-1099*

DOH Form 331-543-F (06/15)

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

# Transfer of Water System Ownership Form

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**Invoice Number:** 2018-14

**Water System Name:** Delta Long Lk Acre Tracts

**PWS ID#:** 10340

**Amount Due:** \$102.00

Return to:

Department of Health  
Revenue Section  
PO Box 1099  
Olympia, WA 98504-1099