



APPLICATION FOR SUPPLEMENTARY / HARDSHIP HOUSE USE

I, (We), _____
Being the owners of certain real property located at _____

_____ Hereby
make application for supplementary house use on **Perrydale Domestic Water Association's** system. The application is based on a "medical need". Along with this application we will need a doctor's statement showing need and an approved County (Polk or Yamhill) hardship land use variance. This is a "Temporary Hardship" need and will be terminated when the hardship is overcome. The permit will require the payment of the minimum monthly water fee in addition to usage shown on the water meter reading. All terms and conditions of the **Perrydale Domestic Water Association** Hardship Policy apply, including the possible need for a storage tank and auxiliary pump to lessen **PDWA** members effects of applicant's hardship system usage.

The property in question is owned by the applicant. The "Supplementary / Hardship house" has not been in previously furnished water by **Perrydale Domestic Water Association**

Dated this _____ day of _____, 20.

Member

Member

Perrydale Domestic Water Association