

MRWPCA RESIDENTIAL SEWER CAPACITY CHARGE DETERMINATION

Expires: _____	
Date: _____	Assessor's Parcel No.: _____
Job Location: _____	City: _____
Owner's Name: _____	
Owner's Mailing Address: _____	
Telephone No.: _____	Category: _____

JURISDICTION APPROVAL	
Approved for Capacity Charge Issuance by _____	
	Title _____
Units Issued This Permit: _____	

NEW FACILITIES RESIDENTIAL			
Number of Dwellings: _____	x	\$3505.50	= \$ _____
		*Credit	_____
		Agency Total:	_____
Other: _____			+ _____
		Total Amount Due	_____
**Explain how total was calculated. (Attach supporting documents.)			

The amount due shown above must be paid <u>prior to being issued a building permit</u> by your city or district.			
The undersigned acknowledges receipt of a copy of this statement and states he/she is the owner of the described premises or is the duly authorized agent of the owner.			
Name: _____			
Signature: _____ Date: _____			

DO NOT WRITE BELOW THIS LINE

Approved by: _____	Permit No. _____	Posted by: _____
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