



Edmonds Treatment Plant (ULID2) Capacity Charge

Number of SFR Units: _____

Calculated General Facility Charge for Commercial: _____

Credits given for Demolition: _____

Total fees payable to City of Shoreline: _____

Parcel Number: _____

Property Address: _____

I attest that the information provided is complete and accurate;

Sign and print name

Date: _____