

**WASHINGTON SUBURBAN
SANITARY COMMISSION**

SEP Applicant Affidavit for Payment

I, [Print Name] _____, hereby affirm under penalty of perjury that I am the **System Extension Permit Applicant (SEP Applicant)** for Job/Contract Number _____.

I hereby accept the cost and responsibility of building and/or abandoning the _____ (Water and/or Sewer) service connection(s) under the above stated Job/Contract Number for the 'abutting property not owned by the SEP Applicant' described as Parcel/Lot/Block _____, Subdivision _____, Street Address _____, County _____, Election District _____, Property Tax ID # _____, and hereby confirm that all associated costs will be absorbed completely by the SEP Applicant. I hereby waive any reimbursement for the cost of the service connection(s) from WSSC for the above named property.

I agree to indemnify and hold harmless the Washington Suburban Sanitary Commission (WSSC) to whom this request is presented and its agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees, arising out of or by reason of complying with this request.

(SEP Applicant's Signature)

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary Public)

(Name Printed)

My Commission Expires _____