## WARNING!

## THIS FORM IS PROVIDED FOR ILLUSTRATIVE, SAMPLE PURPOSES ONLY AND IN NO WAY SHALL BE CONSTRUED AS AN ENDORSEMENT OR RECOMMENDATION THAT IT BE USED IN AN ACTUAL REAL ESTATE TRANSACTION. AS WITH ANY LEGAL DOCUMENT THAT MAY AFFECT YOUR RIGHTS AND RESPONSIBILITIES, PUBLIC HEALTH – SEATTLE & KING COUNTY STRONGLY RECOMMENDS THAT YOU CONSULT WITH YOUR PRIVATE LEGAL COUNSEL ON THE CONTENTS AND USE OF THIS OR ANY OTHER FORM.

## BUYER'S DECLARATION OF RECEIPT OF COPY OF NOTICE OF ON-SITE SEWAGE SYSTEM OPERATION AND MAINTENANCE REQUIREMENTS

I / We,	and,
(hereinafter, "Buyer") do hereby acknowledge that	and, I / we have received a true and correct copy of that certain
	ystem Operation and Maintenance Requirements, dated
, 20, and rece	ording number of the official eclaration is made in fulfillment of the requirements of section
	e Regulations (Title 13 of the Code of the King County Board
of Health), as amended, pertaining to real property with	hin King County and legally described as follows:
Assessor's Tax Parcel ID Number:	
Assessor's Tax Parcel ID Number:	
$\langle \rangle \rangle$	
Dated this day of	. 20
Dated uns day of	, 20 <u> </u>
(Buyer's signature)	(Buyer's signature)
STATE OF WASHINGTON	$\bigvee$
COUNTY OF KING ) ss	
	hafara ma narsanally annarad
and, to me known to be t	before me personally appeared
instrument as his / her / their free and voluntary act and dee	ed for the uses and purposes herein stated.
Given under my hand and official seal this day of	, 20
NOTAR	PUBLIC in and for the State of Washington
Residing a	at
My Comn	nission Expires