

After recording return to:

City of University Place
3609 Market Place W, Suite 200
University Place, WA 98466-4488
Attn: Development Services

**CITY OF UNIVERSITY PLACE
TITLE NOTIFICATION**

TYPE OF NOTICE: **AQUIFER RECHARGE CRITICAL AREA NOTICE**
PARCEL NUMBER: _____
ADDRESS: _____
PROJECT TYPE: _____
APPLICATION NUMBER: _____ FILED ON DATE: _____
LEGAL DESCRIPTION: _____

NOTICE: This site lies within an aquifer recharge area as defined by Chapter 17.20, City of University Place Municipal Code. Restrictions on use or alteration of the site may exist due to natural conditions of the site and resulting regulation. Review of such application has provided information on the location of the aquifer recharge critical area and any restriction on use.

PRESENT OWNER(s) NAME(s): _____

SIGNATURE OF OWNER(s): _____

STATE OF WASHINGTON)
)ss
COUNTY OF _____)

On this day personally appeared before me _____,
and said person(s) acknowledged that he/she/they signed this instrument as his/her/their
free and voluntary act and deed for the uses and purposes mentioned in the instrument.

DATED: _____

Print name: _____

NOTARY PUBLIC
My commission expires: _____