



CITY OF SUMAS

433 Cherry Street/PO Box 9, Sumas, WA 98295
P: (360) 988-5711 F: (360) 988-8855

Utility Relief Fund Application

Self-Attestation Form

City of Sumas – December 2025 Winter Storm Flood

Applicant Information

Full Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City: _____

State: _____

ZIP: _____

Property Information

Type of Property (check one): Homeowner (Primary Residence) Business Owner

Service Address (impacted location): _____

Is this your primary residence? (Homeowners only) Yes No

Active utility account with City of Sumas? Yes No

Utility Account Number (if known): _____

Flood Impact Attestation

- The listed property is located within the City of Sumas.
- The property was affected by the December 2025 Winter Storm Flood.
- All information provided in this application is true and correct.
- You understand funds will be distributed evenly among all qualifying applicants.

Attestation: I attest that all statements above are true and accurate.

Applicant Signature

Signature: _____

Printed Name: _____

Date: _____

Submission Instructions

Submit completed applications to:

Sumas City Hall: 433 Cherry Street, Sumas, WA 98295

Or by email: mbost@cityofsumas.com

Application Deadline: **February 27th, 2026**