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| **APPLICATION FOR SERVICE** |
| Effective Date: \_\_\_\_\_\_\_\_\_\_ |
| Applicant’s Name:  |  | Phone #: |  |
|  |
| Email: |  | Driver’s License #: |  |
|  |  |
| Mailing Address: |  |
|  |
| Service Address:  |  |
|  |
| Please check one: | ( ) I am the owner & occupant  |  |
|  | ( ) I am the tenant at this property and rent from (name, address & phone # of owner): |
|  | ( ) I am the owner and rent this property to (name, address & phone # of tenant): |
| Type of service (circle one): \_\_\_ 100% Residential \_\_\_ 100% Commercial \_\_\_ Combined |
| If combined service, state the approximate percentage of commercial use: \_\_\_ % Commercial Use |
|  |  |
| Place of Employment or Source of Income:  |  |
| Have you had service with this utility before? |   Yes ( ) No ( ) |
| If yes, previous service address:  |  |
|  |
| Do you owe any outstanding bills for any utility service?  | Yes ( ) No ( ) |
| If yes, list each utility:  |  |
| Have you filed bankruptcy within the past 6 years?  |  Yes ( ) No ( ) |
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| * **NOTE: The Water District does not participate in the costs of main extensions or new service installations.**
* **TERMS & CONDITIONS:** **Customer has received, reviewed and agrees to all the Terms & Conditions of the AWD.**
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| * **SERVICE REQUIREMENT: The owner must have installed a double check valve ahead of the water meter and shut off valve. This will be done before water service is turned on. You will be charged for device on your first bill. You have the right to witness the test of your water meter.**
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| * **BILLING: Bills are produced quarterly. Bills are comprised of the minimum charge in advance for the coming quarter plus usage charged (above minimum allowed) for the past quarter.**
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| SIGNATURE:  |  | DATE: |  |