Weaverville Community Services District REQUEST FOR WATER SERVICE

Date	OWNER	RENTER		MOVE IN DATE
Applicant's Last Name or Business N	ame:			
First Name	Middle	Spouse		
Mailing Address	City	St	ate	Zip Code
Service Address	Ov	vner's Name (If Renting	;)	
Employer		Wor	k Phone I	No
Home Phone No	Email addre	ess		
Mobile Phone No	Driver's Lie	cense No	\$\$	SN:
Preferred method of contact: E mail	Telephone call	TXT message	Ma	il
In case of a water emergency please p	provide the W.C.S.D w	ith an emergency contac	et:	
Name and Relationship:		Phone No:		

SUBSCRIBER'S AGREEMENT

I, the subscriber, hereby request water delivery and/or meter installation to the property listed on this document. In consideration of being supplied water, I promise to abide by the District's rules, regulations and rates, and to pay the District in a timely manner as specified. I also agree to pay all reasonable attorney fees and court costs or other costs incurred by the District to enforce payment. It is understood that the District may discontinue water service, if the water bill is not paid promptly.

I understand that it is my responsibility to pay my bill including any accrued penalties regardless of the delivery of the bill via the mail. **Initial_____**

It is further understood that the District is not liable for temporary interruptions in water service nor does the District guarantee any specific quantities of water or specific pressure.

Payments must be received in the District office or drop boxes on the due date in order to avoid late penalties and/or disconnection. Initial______

I agree to give written notice at least 48 hours before the supply of water to the property is to be discontinued.

<u>Security Deposit</u>: Upon applying for water service from the District, new residential and commercial subscribers shall deposit with the District the sum of \$100.00.

The deposit is refundable upon payment of the closing bill provided the customer notifies the District on or before the date they terminate occupancy of the property. **Initial**

I, THE SUBSCRIBER, CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS CORRECT AND I AGREE TO COMPLY WITH THE "SUBSCRIBER'S AGREEMENT" AS SET FORTH ABOVE.

Subscriber's Signature	Date	
FOR OFFICE USE ONLY:		
Service Location	Account #	Security Deposit
Total Amount Paid Date Paid	// Receipt #	
716 Main Street, P.O. Box 1510 V	Weaverville, CA 96093 Tel 530-623-5	5051 Fax 530-623-2108

This is an equal opportunity program. Discrimination is prohibited by federal law