

NAME OF DISTRICT:	PLICATION FOR RES	_	DATE:	
SERVICE ADDRESS	STREET ADDRESS			CITY/STATE
				ZIP
				ZIP
NAME OF PRIMARY APPLICANT			PHONE NUME	BER
SECONDARY APPLICANT			SECONDARY	PHONE NUMBER
DATE TO BEGIN WATER SERVICE				
(Closing Statement Date/Lease Start Date)				
BILLING ADDRESS	STREET ADDRESS/CITY/S	STATE/ZIP		
(Indicate if same as above)				
RENT, OWN OR MANAGE	RENT / OWN / MANAGE	EMAIL ADI	DRESS	
HOME? (<mark>CIRCLE ANSWER</mark>)	(Provide lease agreement, settlement statement or management agreement.)			
PREVIOUS ADDRESS	STREET ADDRESS		CITY, STATE,	ZIP
PHOTO ID (DL/PASSPORT/COMPANY EIN)	STATE		NUMBER Mus	st provide a copy of photo ID/License.
FEES (FOR DISTRICT USE ONLY)	CSI DEPOSIT PASSED			APPLICATION FEE/SERVICE AGREEMENT FEE
service request • Applicants mus	. This requirement does	not apply i or all appli	f water and s cable fees and	in order to process a new ewer service is not provided. I deposits as outlined in the

- Applications received after 2pm will be processed within the next business day.
- Failure to submit all required documentation or payments as specified in the District Rate Order may result in fines, penalties, delays, or denial of service.
- **Statement of Responsibility**
 - o It is the applicant's responsibility to ensure the home is prepared for water service. Any leaks occurring after the meter, inside the home, or damages arising from leaks or open fixtures are the customer's responsibility.
 - o Applicants are required to make payments in a timely manner to avoid penalties and delinquent processing in accordance with the District Rate Order. Failure to make payments may result in account cancellation and submission of the remaining balance to collections.

• I h	I have read and accept the Statement of Responsibility: YES				
DATE:	SIGNATURE:				
PRINTED N	ME:				