DESCANSO COMMUNITY WATER DISTRICT

(Water Service)

Application for Water Service

The forms on the following pages must be filled out to establish an account with the Descanso Community Water District. There are 3 forms in this document:

1. The first is the application for water service. This must be filled out by the Account Holder for the premises.

2. The second is the "Owner's Written Permission" form. This must be filled out by the property owner if the Account Holder is a tenant in the premises. Owner occupied buildings do not need this form.

3. The third is the "Note of Responsibility." This form must be filled out by the Account Holder OR Owner of the premises before water will be turned on.

Descanso Community Water District

P.O. Box 610

Descanso, CA 91916

1-855-224-6981

APPLICATION FOR WATER SERVICE

ADDRESS INFORMATION:

SERVICE ADDRESS:_____

NAME:_____

MAILING ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

PHONE #:_____ CELL#: _____

EMAIL:_____

EMPLOYMENT INFORMATION:

EMPLOYER:_____

ADDRESS:_____

PHONE #:_____

RENTAL INFORMATION:

LANDLORD:_____PHONE:_____

ADDRESS:_____

IF TENANT IS APPLYING FOR WATER SERVICE, THE PROPERTY OWNER MUST AGREE TO TERMS AND SIGN THE ATTACHED OWNERS WRITTEN PERMISSION FORM.

I hereby apply for water service at the above address and agree to pay for water usage and service in accordance with the Descanso Community Water District Administrative Code of Rules and Regulations on file at the District Office. No refunds will be given for any reasons.

SIGNATURE_____DATE_____

OFFICE USE ONLY

ACCT#_____ OWNER_____ CONNECTION FEE_____

METER#_____ TENANT _____ DEPOSIT _____

EFFECTIVE DATE OF SERVICE _____ AGENT_____ PRORATED MONTH_____

TOTAL DUE _____

SERVICE INFO: NEW___RECONNECT___TRANSFER____ NEW INSTALL: METER SIZE: 5/8”____ 1”_____

Owner's written permission for tenant to have water service at this address.
(Failure by the owner to approve and return this form, within 10 days, will result in termination of service until form has been received by DCWD)

(Per Section 6.C.1 of the District's Rules and Regulations, the owner is ultimately responsible for any past due balances on a rental unit, regardless if the water is in owner(s) or tenant's name.)

I/we, the undersigned owner(s) of the property listed on this application agree to water service being initiated as requested. I/we further acknowledge that water bills not paid by the applicant are my/our responsibility and I/we agree to pay those water bills and any other charges incidental to terminating service for non-payment. I/we also acknowledge that payment delinquency can result in the property being ineligible for the water service.

SERVICE ADDRESS ZIP CODE

Signature of Property Owner(s): _____ Date: _____

PROPERTY OWNER NAME PHONE#

MAILING ADDRESS

CITY STATE ZIP CODE

E-MAIL

Owner of this property must sign and return this application within 10 days to:

DESCANSO COMMUNITY WATER DISTRICT
PO BOX 610
Descanso, CA 91916
1-855-224-6981

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REQUEST FOR TURN-ON WATER (RESTORE SERVICE) AT PREMISES AND RELEASE AND INDEMINIFICATION

Descanso Community Water District will not turn on at a premise unless there is someone present to assure that faucets and water appliances have not been left on. This is to protect customers from the possibility of water damage.

The undersigned herewith request special consideration because it is not possible to assure that someone will be available at the premises when DCWD personnel are available.

Therefore, DCWD agrees to turn the water on as requested whether or not someone is present, and the understanding herewith agree to release, indemnify and hold DCWD harmless from any damages or claims resulting from water at the time of or following the turn-on.

_____	_____
Signature	Account Number
_____	_____
Date	Premise Address