

Cabazon Water District

14618 Broadway St.

PO Box 297

Cabazon, CA 92230

Business (951) 849-4442

Fax (951) 849-2519

Customer Application for Service

Cabazon Water District Ordinance 22

4.1 Application for Regular Water Service

The property owner or his agent designated in writing shall make application for regular water service by personally signing an "Application for Water Service" form. Tenants may add their names to the application submitted by the owner or agent. A copy of the Application is attached on the following page.

4.2.1 Property Owner's Signature

Water service accounts are opened in the name of the property owner only. If a property owner rents the premises to a tenant, the tenant may have water service and other services turned on provided that service to the tenant be furnished on the account of the landlord or property owner and the landlord or property owner so notifies the District.

4.2.2 Owner Responsibility

Payment for delinquent and unpaid charges for water and other services remain the responsibility of the property owner.

APPLICATION FOR WATER SERVICE

I HEREBY MAKE APPLICATION FOR WATER SERIVCE FOR Lot #				
APN #	ON	STREET or AVENUE, CABAZON, CA 92230.		
AND AGREE TO PAY ALL BILLS FOR SERVICE RENDERED AT SAID PREMISES AND EFFECT OR HEREAFTER ADOPTED BY THE BOARD OF DIRECTORS OF THE CABAZON WATER DISTRICT. ITS OFFICERS, AGENTS, CONSULTANTS, AND EMPLOYEES SHALL NOT BE HELD LIABLE FOR INJURY OR DEATH TO ANY PERSON, OR DAMAGE TO ANY PROPERTY, ARISING DURING OR GROWING OUT OF THE PERFORMANCE OF ANY ACT UNDERTAKEN PURSUANT TO THIS APPLICATION FOR WATER SERVICE BY ANY APPLICANT, OWNER, OR CONTRACTOR. THE APPLICANT, OWNER, OR CONTRACTOR SHALL BE ANSWERABLE FOR, AND SHALL SAVE THE CABAZON WATER DISTRICT OR ITS OFFICERS, AGENTS, CONSULTANTS, AND EMPLOYEES HARMLESS FROM ANY LIABILITY IMPOSED UPON THE CABAZON WATER DISTRICT OR ITS OFFICERS, AGENTS, EXPERT, OR OTHER FEES AND INTEREST INCURRED IN DEFENDING ANY COURT ACTION OR PROCEEDING ARISING OUT OF ANY SUCH ACT. THE CABAZON WATER DISTRICT SHALL BE KEPT WHOLE AND HARMLESS AT ALL TIMES OF ANY CLAIMS RESULTING FROM MATTERS INVOLVING QUANTITIES, QUALITY, TIME OR OCCASION OF DELIVERY OR ANY OTHER PHASE OF THE MAINTENANCE, OPERATION, AND SERVICE OF A CUSTOMER'S WATER SYSTEM.				
Si Di M	ocial Security #: river's License or ID #: lailing Address:			
Phone:		Cell:		
Signature: _		Date:		



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* This box for office staff use *

Cabazon Water District 14618 Broadway St. PO Box 297	DATE: DATE SERVICE BEGINS: RECEIPT #: METER NUMBER: ACCT #: SERVICE ID:	
Cabazon, CA 92230 Business (951) 849-4442 Fax (951) 849-2519	PAID BY: CASH CHECK # MONEY ORDER # _	¥
AGENT or TENANT INFOR	TRUST DEPOSIT INFORMAT	TION—SET UP FEE
Comments:		
		:
There will be a \$20.00 no	on-refundable set-up fee applied to y Customer initials:	
Trust Deposit will be refu of the account, whicheve	unded/applied to existing account ba	lance at the end of 12 months or upon the closing

	Customer Application for Service: Page 3 of 3			
BAZ	Request For: New Water Service - Meter Size:			
UP OF	(Check all	- How many homes will be served by this meter?		
HATER DISTRICT	that apply) \Box	Meter Upsize/Downsize - New Meter Size:		
11 113	PROPERTY INFORMATION:			
Cabazon Water District	Project Type:	New Stick-built Single Dwelling		
14618 Broadway St.	New Manufactured Home - Year Built:			
PO Box 297		Vacant Lot - No Proposed Structure		
Cabazon, CA 92230 Business (951) 849-4442		Existing Home Adding Second Unit		
Fax (951) 849-2519		Other:		
Fire Sprinkler System: Yes No Well on Property: Yes No Water Holding Tank: Y / N Anticipated Construction: START DATE:COMPLETION DATE: MISC. INFORMATION:				
RESIDENTIAL SITE USAGE ANALYSIS:				
Applicant Name / Date Address				
SITE INFORMATION:	SQUARE FEET:	INDOOR INFORMATION:		
Building/Living Area:		Number of Households (Number of dwelling units		
Parking (Garage):		served by this meter):		
Front Landscaping:		Total Number of Persons (Total for all dwelling		
Back Landscaping:		units):		
Pool: Surface Area Square Ft:				
Other/Concrete/hardscape areas:		TOTAL <u>LOT</u> (INDOOR + OUTDOOR) SQUARE FEET: —		
TOTAL:		_		
PLEASE SUBMIT THE FOLLOWING ITEMS TO BEGIN THE APPLICATION PROCESS:				
1. Copy of Recorded Grant Deed For Service 2. Fire Sprinkler Plans Reflecting Required Meter Size				
3. Purchase Receipt of Manufactured Home Reflecting Model # and Property Address or APN				
4 Manufactured Home Specifications with Fire Sprinkler Calculations for Exact Model to be Placed on Lot				

6. Address Assignment from the County

5. Fire Hydrant Letter from Fire Dept.