



**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 SERVICE 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.

Property Owner's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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\* This box for office staff use \*

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
DATE SERVICE BEGINS: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
METER NUMBER: \_\_\_\_\_  
ACCT #: \_\_\_\_\_  
SERVICE ID: \_\_\_\_\_  
PAID BY: \_\_\_ CASH \_\_\_ CHECK # \_\_\_\_\_  
          \_\_\_ MONEY ORDER # \_\_\_\_\_

**TRUST DEPOSIT INFORMATION—SET UP FEE**

AGENT or TENANT INFORMATION:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

**Property Owner's Signature:** \_\_\_\_\_

There will be a \$20.00 non-refundable set-up fee applied to your first month's bill.

**Customer initials:** \_\_\_\_\_

Trust Deposit will be refunded/applied to existing account balance at the end of 12 months or upon the closing of the account, whichever occurs first.

**Customer initials:** \_\_\_\_\_

