



Cabazon Water District

14-618 Broadway Street • P.O. Box 297
Cabazon, California 92230
Phone: (951) 849-4442 Fax: (951) 849-2519

LOCATION TO BEGIN SERVICE

SERVICE ADDRESS: _____

SERVICE BEGIN DATE: _____

REQUESTED:

FINAL READ LOCK OFF REMOVE METER **\$65.00 RE-INSTALLATION FEE**

CUSTOMER INFORMATION

Do you: Own _____ Rent _____ Listing Agent _____

Account Name: _____

Driver's License Number: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Forwarding Address: _____

City: _____ State: _____ Zip: _____

As owner of the real property listed above, I understand that I am responsible for any unpaid debts that may accrue through the use of District water consumed on the property, including, but not limited to renter or lessee. As property owner I acknowledge and agree that water service is provided in conformance with the Rules & Regulations Governing Water Service as amended from time to time by the Board of Directors.

Owner Signature: _____ Date: _____

Authorized Agent (please print name): _____

Authorized Agent Signature: _____

***Rental properties – unless otherwise specified, rental properties will automatically revert to current owner information for billing purposes.**

FOR STAFF USE ONLY

Account Number: _____ Meter No: _____ Last Read: _____

Service: _____ Closing Read: _____ Lock Off _____