



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 23

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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Customer Application for Service: Page 2 of 2

* 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: _____