

**CENTERVILLE COMMUNITY SERVICES DISTRICT
APPLICATION FOR WATER SERVICE**

Date: _____ APN: _____ Owner: _____ Renter: _____ Broker: _____

Applicant's Last Name or Business: _____

First: _____ Spouse: _____

Mailing Address: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Owner's Name: _____

Employer: _____ Business No. _____

Emergency No. _____ Cell No: _____ Home: _____

Email Address: _____ E-Bill: Yes _____ No _____

SS No: _____ Driver's License No: _____ DOB: _____

PROPERTY INFORMATION

A backflow device is required unless all of the following are "NO". It is the customer's responsibility to notify the District whenever any of the following conditions exist.

Please check the appropriate box and initial

| | | | | | |
|--|-----|--------------------------|----|--------------------------|-------|
| Well on the property? If yes, give Fact Sheet. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <hr/> |
| Booster Pump on Property? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <hr/> |
| Auto Filled Pond on Property? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <hr/> |
| Solar Water Heater System on Property? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <hr/> |
| Swimming Pool and or Spa with Submerged Inlet? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <hr/> |
| Toxic / Hazardous Materials or Operations on Site? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <hr/> |
| Does/Will any Structures have a Fire Sprinkler System? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <hr/> |

FOR OFFICE USE ONLY

Meter: B Remote Meter #: B Acct: _____

MXU #: B Reading Sequence: _____ Route: _____ Pump Zone: _____

Service Zone: _____ Meter Size _____ Trans. Type: B Meter Reading: _____

Date of Service Installation: _____

Deposit Amount: _____ Date Paid: _____ Receipt#: _____

SUBSCRIBER'S AGREEMENT

I, the subscriber, hereby request water delivery and/or meter installation to the property listed on this document. In consideration of being supplied water, I promise to abide by the District's rules, regulations and rates and to pay the District in a timely manner as provided therein. A failure of the District to enforce any rules or regulations at the time the application is approved or when water is connected does not act as a waiver of the rules, which shall be enforced at a later time. I also agree to pay all reasonable attorney fees and court costs or other costs incurred by the District to enforce payment. It is understood that the District may discontinue water service, if the water bill is not paid promptly.

It is further understood that the District is not liable for temporary interruptions in water service nor does the District guarantee any specific quantities of water or specific water pressure.

I take full responsibility for any damage caused by the water connection and agree to indemnify, defend and hold harmless the District, its officers, and employees from and against any and all loss, liability, expense, cost claims, demands, suits and damages, including attorney's fees arising directly or indirectly related to the turning on of water service at the above address, except for a liability arising from the sole negligence or willful conduct of the District.

I agree to give written notice at least 48 hours before the supply of water to the property is to be discontinued.

Deposits: Rental: Upon applying for water service from the District, rental tenants and brokers shall deposit with the District the sum of \$100 or secure the landowner's signature of responsibility on a form provided by the District. The deposit is refundable upon closing the account, unless an unpaid balance is due. Then the deposit is used to pay the unpaid balance.

Credit Deposit: The District will collect a \$200 deposit from an owner or \$100 from a tenant who cannot provide a clean twelve month payment history from their previous water provider. This deposit will be placed on the account after one year of no late payments.

I, the subscriber, certify that the information provided hereon is correct and I agree to comply with the "Subscriber's Agreement" as set forth above.

Subscriber's Signature

Date

I would like to opt out of receiving emergency notification messages.

Subscriber's Signature

Date

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname. Please check one box for each of the following categories.

Ethnicity Category

[] Hispanic or Latino [] Not Hispanic or Latino

Race Category

[] AMERICAN INDIAN or ALASKA NATIVE

[] ASIAN [] NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER

[] WHITE [] BLACK

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250.