

# WATER SERVICE AGREEMENT

## **CALLAYOMI COUNTY WATER DISTRICT**

21282 Stewart Street / P.O. Box #92

Middletown, CA 95461

Phone: (707) 987-2180 / Fax: (707) 987-0779

Email: ccwdoffice@att.net

Date: \_\_\_\_\_ Start Date:  Acct #:

RE: Service Address: \_\_\_\_\_ Middletown, CA

Additional sources of water at this address:

Well       Creek Pump       None       Other: \_\_\_\_\_

Name of Applicant(s): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_ /Email: \_\_\_\_\_

**I hereby apply for water service at the above address and I agree to use and pay therefore in accordance with the current rates and rules and any further amendments thereto established by the rules, regulations, and ordinances adopted by the Board of Directors of the District.**

\_\_\_\_ I understand that it is my responsibility to provide 48-hour notice if I wish to cancel service at any time.

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

Print Signer's Name (if different from above): \_\_\_\_\_

	Paid	Billed	N/A
\$ 30.00      Transfer Fee:			
\$ 50.00      Connect Fee:			
\$              Install/Inspect Fee:			
\$              Capacity Fees:			
\$              Other:			
Backflow Test:			