



APPLICATION FOR RESIDENTIAL WATER SERVICE

FIELDS IN RED ARE REQUIRED

Service Address: _____ **Requested Start Date:** _____

We are unable to backdate service start dates. We will make every effort to start services on your requested date (Monday to Friday, excluding holidays); however, due to high demand, some requests may be scheduled for the next available business day.

APPLICANT INFORMATION

Applicant Name: _____

Mailing Address (if different from service address) _____

Driver's License #: _____ **Date of Birth:** _____

Contact Phone #: _____ **Email:** _____

Please enroll me in e-bill notifications - I understand a paper bill will not be sent.

Have you ever had service in your name with Diablo Water District? Yes No

If yes, where: _____

CO-APPLICANT INFORMATION

Co-Applicant Name: _____

Driver's License #: _____ Date of Birth: _____

Contact Phone #: _____ Email: _____

Have you ever had service in your name with Diablo Water District? Yes No

If yes, where: _____

AUTHORIZED PARTY: To allow someone access to your account information without financial responsibility, please provide their information below (name will not appear on the bill).

First and Last Name: _____

Date of Birth: _____ Contact Phone #: _____

Relation to Applicant: _____

A NON-REFUNDABLE APPLICATION FEE OF \$30 WILL BE CHARGED TO THE FIRST BILL

Please check one:

Owner Occupied - Escrow Close Date: _____ Landlord

Renter/Lessee - Landlord's Name: _____ Contact #: _____

Please check one (Deposit):

Owner/Landlord (\$100): - Billed to you on your first bill, which will be credited back to your account if no more than one final notice is received in 12 months. Must provide proof of ownership by attaching a copy of your Closing Statement, Grant Deed or Tax Bill.

Renter/Lessee (\$200): - \$100 is due when you submit the application. The remaining \$100 will be added to your first bill. The total \$200 will be applied to your closing bill when the account is closed. Must provide a copy of your Lease Agreement.

Transfer Deposit from Current Address: _____

Call Out Charge (\$300) New sign up after hours (Signature Required) _____

About our District: Please visit our website www.diablowater.gov for current rates. We bill on a monthly basis. We use Chloramines in the water to disinfect which is a combination of chlorine and ammonia. There is fluoride in the water and the water is safe to use and drink. If you have a fish aquarium, you need to use a water treatment that you can find at any local pet store. If anyone in the home lives on a kidney dialysis machine, they must contact their physician for the water settings for the machine. We recommend that your outside watering should be no more than five (5) minutes at any one time.

Release of Liability: I request that Diablo Water District turn on water at the above service address regardless of anyone being at the premises. I realize that if all water-using appliances are not completely closed, or if there are any leaks, the premises may suffer water damage. I hereby accept full responsibility for any such damage and agree to hold Diablo Water District harmless if any damage should occur.

By signing below, you agree to receive the District's e-newsletter and related updates. You may unsubscribe at any time.

Customer shall abide by all Rules and Regulations, Ordinances, Resolutions, and policies adopted by the District and as amended.

Signature: _____

Date: _____