



CLEAR CREEK COMMUNITY SERVICES DISTRICT

5880 Oak Street Anderson, CA 96007

Telephone 530-357-2121 Fax 530-357-3723

FIRE HYDRANT METER APPLICATION FOR WATER SERVICE

"This is an Equal Opportunity Provider"

DATE: _____ DATE OF INSTALLATION: _____

COMPANY NAME: _____

FOREMAN: _____

DRIVER'S LICENSE NO: _____ TELEPHONE NO: _____

MAILING ADDRESS: _____

SERVICE LOCATION: _____

THIS APPLICATION MUST BE ACCOMPANIED BY THE PROPER INSTALL FEES AND DEPOSIT:

REFUNDABLE SECURITY WATER DEPOSIT: \$1,192.75 _____

HYDRANT METER INSTALLATION: \$100.81 _____

AMOUNT PAID: \$ _____ CHECK # _____ CASH _____ CREDIT CARD _____
(+ 3% CONVENIENCE FEE)

By signing this application, the applicant agrees to abide by any District Rules & Regulations now, or hereafter adopted related to water service, and to pay all bills promptly. The applicant shall pay all costs of collection and reasonable attorney's fees, together with interest at the rate of eighteen percent per annum.

Signature of applicant

Signature of CCCSD employee

“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 on box in each of the following two

categories: Ethnicity Category, please check one:

- Hispanic or Latino
- Not Hispanic or Latino

Race category, please check one:

- American Indian or Alaska Native
- Asian
- Black
- Native Hawaiian or Other Pacific Islander
- White

Gender:

- Male
- Female

Name

Date

“This institution is an equal opportunity provider:”