



Telephone ~ 530-357-2121

5880 Oak Street  
Anderson, CA 96007

Fax ~ 530-357-3723

## **OWNER'S APPLICATIONS FOR WATER SERVICE**

TODAY'S DATE: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

DATE ESCROW CLOSED: \_\_\_\_\_

NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

### **BILLING INFORMATION: WOULD YOU LIKE YOUR BILL SENT VIA:**

E-MAIL ADDRESS: \_\_\_\_\_ or MAIL \_\_\_\_\_

**\*\*\*THIS APPLICATION MUST BE ACCOMPANIED BY THE PROPER FEES AND/OR DEPOSIT,  
AND A COPY OF YOUR CLOSING DISCLOSURE OR BUYER'S FINAL CLOSING STATEMENT\*\*\***

TURN ON AND/OR TRANSFER FEE: \$54.31 \_\_\_\_\_ WATER DEPOSIT: \$70.00 \_\_\_\_\_ = \$124.31

AMOUNT PAID: \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ CREDIT CARD \_\_\_\_\_  
(+3% convenience fee)

CAPACITY CHARGES: \$ \_\_\_\_\_

*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

"We are an Equal Opportunity Provider"