



Telephone ~ 530-357-2121

5880 Oak Street
Anderson, CA 96007

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RENTER'S APPLICATIONS FOR WATER SERVICE

TODAY'S DATE: _____ ACCOUNT NUMBER: _____

MOVE IN DATE: _____

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: _____ E-MAIL ADDRESS: _____ or MAIL _____ or ACH _____

NO BILL (pay on website): _____

THIS APPLICATION MUST BE ACCOMPANIED BY THE PROPER FEES AND/OR DEPOSIT

TURN ON AND/OR TRANSFER FEE: \$53.30 _____ WATER DEPOSIT: \$120 _____

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

CAPACITY CHARGES: \$ _____ METER INSTALLATION: \$ _____

WELL ON PROPERTY? YES _____ NO _____ BACKFLOW PREVENTION DEVICE? YES _____ NO _____

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"

“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:

- ☐ Female
- ☐ Male

Name

Date

“This institution is an equal opportunity provider:”