

Return To: Shasta Community Services District
P.O. Box 2520, Shasta, CA 96087
Phone: (530) 241-6264 FAX: (530) 241-9028 WEB: shastacsd.org

APPLICATION FOR WATER SERVICE

Phone: _____ Cell: _____ Acct No: _____

Name of Applicant: _____

Mailing Address: _____

Service Location: _____

Date of Occupancy: _____

Property Owner: _____ Phone: _____

Birthdate: _____ CA Driver's License No: _____

Applicants Employer: _____ Telephone: _____

Social Security No: _____

Spouses Employer: _____ Telephone: _____

Social Security No: _____ Deposit Paid Date: _____

Date: _____ Signature: _____

Subscriber's Agreement

I, the Subscriber, hereby request water service and/or meter installation to the property listed on this document. In consideration of being supplied water, I promise to abide by the District's rules, regulations, and rates, and to pay the District in a timely manner as provided therein. I also agree to pay all reasonable attorney fees and court costs or other costs incurred by the District to enforce payment. It is understood that the District may discontinue water service if the water bill is not paid promptly.

It is further understood that the District is not liable for temporary interruptions in water service nor does the District guarantee any specific quantities of water or specific water pressure.

I agree to give written notice at least 48 hours before the supply of water to the property is to be discontinued. Application for a service installation must be accompanied by the required funds.

Subscriber, please be advised that a pressure regulator should be installed in the service line between the meter and the dwelling on any service where the water pressure provided by the district may exceed 75 pounds per square inch. A cross connection control device may also be required to comply with governmental regulations. In addition, if you have a booster pump, pump protection should be installed in the event of a water outage.

I, THE SUBSCRIBER, CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS CORRECT AND I AGREE TO COMPLY WITH THE "SUBSCRIBER'S AGREEMENT" AS SET FORTH ABOVE.

SIGNED: _____

SHASTA CSD IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

May 22, 2015