

Smith River Community Service District

241 First Street, Smith River, California 95567

Telephone: (707)487-5381 Fax (707) 487- 5191

Email address: office.admin@srwater.net

WATER SERVICE APPLICATION

Purchase Date: _____ **OR Move-in-Date** (for renters)_____

Name that will appear in the account (please print) _____ DOB_____

Service Address: _____

Mailing Address: _____

Contact #: _____ Alternate Contact # (if any) _____

Driver's License: _____ State Issued_____ SSN#: _____

Employer/ Business: _____ Contact #: _____

Co-habitant/Spouse _____ Contact # _____

FOR RENTERS:

Owner's Name (please print): _____

Owner's Contact Number#: _____

The undersigned requests Smith River Community Services District (SCSD) to supply water service at the premises noted above and hereby promises to purchase the same and to pay SRCSD therefore in accordance with the district's ordinances, resolutions, and other regulations applicable thereto.

Applicant's Signature: _____ Date: _____

Non Refundable Processing Fee: \$ 65.00

Date paid: _____ Cash _____ Check# _____ Rec'd by: _____

_____ Please **initial** if you want the \$ 65.00 processing fee to be included in your first bill.

_____ I understand that it is my responsibility to inform SRCSD regarding occupancy status of the service address. I will notify SRCSD in an event I sell/ purchase/ move out of the service address.

Account# _____ Location# _____