CRESCENTA VALLEY WATER DISTRICT

2700 Foothill Boulevard, La Crescenta CA 91214

Phone (818) 248-3925 Fax (818) 248-1659 Email customerservice@cvwd.com

APPLICATION FOR DOMESTIC WATER OR WASTEWATER SERVICE

NAME:	**DO YOU OWN OR RENT?**
DRIVER'S LICENSE NO.	☐ OWN ☐ RENT
SERVICE ADDRESS:	
MAILING ADDRESS:	
CITY, STATE ZIP	TELEPHONE NO.
E-MAIL ADDRESS:	
EMPLOYER:	TELEPHONE NO.
FRIEND OR RELATIVE (NOT LIVING WITH YOU)	TELEPHONE NO.

The undersigned hereby applies for Domestic Water and/or Wastewater Service on the date of _____ at which time service will be furnished at regular rates and may be discontinued upon notification by applicant. It is agreed that, Crescenta Valley Water District shall not be responsible for damage to person or property caused by failure of defects of pipes, high or low pressure, by escape or leakage due to conditions on said premises at or after turning service on, failure or lack.of backflow devices or pressure regulators and applicant will hold Crescenta Valley Water District harmless therefrom. Customer agrees to comply with the Rules and Regulations of District, as amended from time to time. Customer acknowledges responsibility for installation of an approved backflow prevention device and/or backwater check valve, where necessary. The Rules and Regulations are available for review at the District office. Customer acknowledges receipt of direction to the District's website for the most recent annual water quality analysis. Customer acknowledges that District has informed Customer that District's water may react with water pipes, valves, connections, pumps and other water system facilities (Facilities) on Customer's Property identified above, and may cause damage to the Facilities such as pittings, hardness buildup, rusting, or any other type of corrosion. Customer hereby waives all claims against District, and it directors, officers, agents, contractors and employees, that Customer now has, or may have in the future, related to any injury or damage of any type to the Facilities, or other improvements on customer's Property, caused by any chemical reaction involving the water supplied by District.

Instructions:

For Owners: Email this form to customerservice@cvwd.com and attach proof of ownership and a copy of your ID. Send in a $40 nonrefundable new account fee via mail or at the District's drop box. The name on the ID, proof of ownership, and this application must match.

For Tenants: Email this form to customerservice@cvwd.com and attach a copy of your ID. Send in a $40 nonrefundable new account fee and a $100 deposit via mail or at the District's drop box. The name on the ID and this application must match.

Payments must made in cash or check and received in our office within 10 days to avoid shut off

INCOMPLETE APPLICATION OR PAPER WORK WILL RESULT IN DELAY OF SERVICE

APPLICANT SIGNATURE:_____ DATE: _____

DEPOSIT	METER NO.	**NEED COPY OF:** DRIVER'S LICENSE **AND ONE OF THE FOLLOWING:** - RECORDED DEED - CLOSING ESCROW STATEMENT - HOMEOWNER'S INSURANCE POLICY - PROPERTY TAX BILL
DATE	CURRENT METER READ	
ACCOUNT		
EMPLOYEE INITIALS		
REMARKS:		