CVWD Account:_____ (Office use only)

Carpinteria Valley Water District

Phone: (805) 684-2816 District Office: Payments / Correspondence:

L

Business Fax: (805) 755-2351 1301 Santa Ynez Ave. Carpinteria CA, 93013 P.O. Box 36, Carpinteria CA, 93014-0036 www.cvwd.net

OCCUPANT APPLICATION FOR SERVICE

This form is to be completed by Rental Tenants when applying for water service.

Primary Name:	Start Service Date:	
Secondary Name:		
Number of Dwelling Units/Residences (to be served by meter):		
Service Address:		
Mailing Address:		
Email:		
4-digit PIN	or Driver's License #	
Primary Phone:	Secondary Phone:	
address identified in this application. I agree to give Carpinteria Valley Water District written notice if I wish to discontinue service, and I understand that I will be responsible for payment for all service through the date when service is discontinued. I also understand that all bills not paid by the Penalty Date will incur door-tag fee. I am aware that my water service may be discontinued if my payments are not paid by 9:00 a.m. on shut off date and that service will not be reconnected until all delinquent charges and any penalties have been paid.		
Name:	Signature:	
Date:		

PROPERTY OWNER hereby agrees:

I declare that I am a legal owner of the property identified by the above property address, or the authorized agent of the owner, with authority to obligate the owner as stated herein. By co-signing this Occupant Application for water service at the subject property, I agree that the owner shall be jointly and severally responsible for any amounts due Carpinteria Valley Water District that the occupant fails to pay following termination or discontinuance of service to the property. I understand that if the occupant vacates the property without making final payment of all amounts due, the District may refuse to resume service to the property until the owner has paid all outstanding amounts in full, and the District thereafter may refuse Occupant Applications for service at this property, requiring the owner to be solely responsible to the District for all such services. I further agree to defend and indemnify the District and its officers, employees and agents, and will hold them harmless from any and all liability arising from this Application and/or provision of service as requested.

Name:	_Signature:
Date:	_Phone(s):
Mailing Address:	