Carpinteria Valley Water District

Phone: (805) 684-2816   Business Fax: (805) 755-2351
District Office: 1301 Santa Ynez Ave. Carpinteria CA, 93013
Payments / Correspondence: P.O. Box 36, Carpinteria CA, 93014-0036
       www.cvwd.net

OWNER APPLICATION FOR SERVICE

This form is to be completed by Property Owners when applying for water service.

Primary Name: _____ Start Service Date: _____

Secondary/ Property Management Co. Name: _____

Business Name (if applicable) _____

Service Address / APN:_____

Number of Dwelling Units/Residences (to be served by meter): _____

Mailing Address: _____

Email:_____

4-digit Personal Identification Number __ __ __ __ or California Driver's License _____

Primary Phone: _____ Secondary Phone: _____

PROPERTY OWNER hereby agrees:

I declare that I am the legal owner of the property identified above and agree to be solely responsible for and guarantee payment for all water bills incurred at the property identified herein. I agree to give Carpinteria Valley Water District written request for Termination of Water Service in order to discontinue service and understand that I am responsible for payment of all service through the Termination date shown on said notice. I understand that as the property owner I am still responsible for payment of any monthly service charges accrued after the termination date in the event that no other party assumes responsibility for water service.

I understand that bills not paid by 5:00 PM on the Penalty Date will receive a door-tag fee, and that the District offers a Direct Pay Program for automatic debit of the monthly bill.

I also understand that water service may be discontinued if my bill is not paid by the specified shut off date, and that water service will not be restored until all delinquent and penalty charges have been paid.

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: _____