

Konocti County Water District 15844 35th Ave Clearlake, CA 95422

Phone: (707)994-2561 Fax:(707)994-1107

APPLICATION FOR WATER SERVICE

Two Months Minimum Notice Required

DATE		ASSESSORS PARCEL #	
NAME OF APPL	ICANT:	PHONE #	
STREET ADDRE	SS (LOCATION OF INSTALLA	ATION)	
BILLING ADDRI	ESSSTREET/PO BOX	CITY	STATE ZIP
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	METER ACTIVATED AT TIME eter at time of installation there will be an \$1		YES NO
1. Submit Lot	Plan.		
	ed meter location. There must only be placed on corner of lot		
	meter will be at the discretion all charges and fees to the above service.		
4. Fire Marsh	al must approve meter size for	fire sprinkler system before	e installation.
Any funds	f \$2,000.00 will be required for remaining from the deposit will ng. Any actual cost over the de	l be returned to the owner a	fter payment of the actual
Applicants signatu	ıre	Date	
must be paid in ore	e: \$7150.49, payable in advance, der to connect service, or within for time and materials) is not rece	30 days of billing. A lien will	•
Receipt Number_	Date Paid	Date Installed	
Meter Number	MXU Numbe	rAcc	count No.: