



Konocti County Water District
 15844 35th Ave Clearlake, CA 95422
 Phone: (707)994-2561 Fax:(707)994-1107

Application for Water Service

SECTION TO BE COMPLETED BY CUSTOMER(S)/APPLICANT(S)

Customer Name: _____

Primary Phone No.: _____

Email: _____

Mailing Address: _____

Please Check the Preferred Contact Method:

Phone

Email

Mail

Emergency Contact:

Name: _____ Phone No.: _____

It is intended that this property will be Owner Occupied , or Tenant Occupied , (Provide customer with a Transfer Agreement Form, if property is intended to be tenant occupied) I understand that as owner of the aforementioned property, I am responsible for the water service and agree to pay all applicable charges and fees left unpaid by my tenant and/or any other person(s) living at the property listed above

ACKNOWLEDGMENT/AGREEMENT TO BE COMPLETED BY CUSTOMER(S)/APPLICANT(S)

The undersigned hereby applies to the Konocti County Water District for Water service connection to be supplied to the address noted above, and promises to pay Konocti County Water District in accordance with the schedule of Water service rates and fees as ordained by the District's Board of Directors, and to conform to and abide by District rules and regulations in force relating to the purchase and sale of said Water service. The undersigned acknowledges the district's right to access the customer's premises to read the meter, make periodic inspections related to said services, and to service District equipment, in accordance with District ordinance(s). *Delivery of service shall be to the property line*

Applicants

Legal Name: _____ Signature: _____ Date: _____

Co-Applicant's

Legal Name: _____ Signature: _____ Date: _____

Note: Copies of Ordinances, Resolutions, Policies, Rate Schedules, Billable Fees, and any unmentioned district forms are available upon request.

FOR OFFICE USE ONLY

Name(s) on Account: _____ Date: _____

Service Address: _____

A/P #: _____ Account #: _____

Backflow prevention device is Yes No Copy of Deed Copy of ID

SECTION FOR FEES PAID FOR EXISTING AND/OR NEW CONNECTIONS TO DISTRICT SERVICES

Name Change Fee \$20.00

Reconnect Fee \$120.00

Transfer Fee \$100.00

Total Paid \$ _____ Date Paid: _____

*All amounts charged are as ordained by the District's Board of Directors and are in accordance with the District's current Rates & Fees Schedule.