



BELLA VISTA WATER DISTRICT

11368 E. STILLWATER WAY • REDDING, CALIFORNIA 96003-9510
TELEPHONE (530) 241-1085 • FAX (530) 241-9354

APPLICATION FOR WATER SERVICE

ACREAGE _____

SERVICE LOCATION _____

TURN SERVICE ON (DATE) _____

- LEAVE SERVICE "OFF" UNTIL NOTIFIED
- CUSTOMER ASSUMES BALANCE

A BACKFLOW IS REQUIRED UNLESS ALL OF THE FOLLOWING ARE "NO." IT IS THE CUSTOMER'S RESPONSIBILITY TO NOTIFY THE DISTRICT WHENEVER ANY OF THE FOLLOWING CONDITIONS EXIST. (PLEASE CHECK THE APPROPRIATE BOX AND INITIAL.)

WELL ON PROPERTY? If Yes, Give Fact Sheet	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
WELL PENDING or PROPOSED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
BOOSTER PUMP ON PROPERTY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
POND ON PROPERTY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
SOLAR WATER HEATING SYSTEM ON PROPERTY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
SWIMMING POOL AND/OR SPA WITH SUBMERGED INLET?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
TOXIC / HAZARDOUS MATERIALS OR OPERATIONS ON SITE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
CHEMIGATION (CHEMICAL OR FERTILIZER INJECTION)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
DOES / WILL ANY STRUCTURES HAVE A FIRE SPRINKLER SYSTEM?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____

(*NOTE: REQUIRES A SPECIAL U.L. APPROVED FIRE SERVICE METER)

CUSTOMER'S BILLING INFORMATION

- OWN RENT / LEASE PROPERTY MANAGER / AGENT

NAME _____ DRIVER'S I.D. # _____

MAILING ADDRESS _____ EMAIL ADDRESS: _____

CITY, STATE & ZIP _____

HOME PHONE # _____ CELL PHONE # _____

EMPLOYER _____ BUSINESS PHONE # _____

OWNERSHIP INFORMATION

NAME _____	PHONE _____
<u>FOR OFFICE USE ONLY</u>	
DEPOSIT PAID: <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD	
METER SIZE/CLASS _____	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL (BACKFLOW REQUIRED)
	<input type="checkbox"/> PUBLIC / INSTITUTIONAL <input type="checkbox"/> LANDSCAPE
	<input type="checkbox"/> RURAL <input type="checkbox"/> MULTIPLE DWELLING UNITS
	<input type="checkbox"/> AGRICULTURAL (BUSINESS PLAN FOR AGRICULTURE WATER RATE REQUIRED)
ACCOUNT # _____	WORK ORDER # _____
	APN _____
CYCLE # _____	SEQUENCE # _____
	PROPERTY # _____
<input type="checkbox"/> \$10.00 APP. TRANSFER FEE	<input type="checkbox"/> \$5.00 MAILING FEE

SIGN ON BACK

NOTICE

The District may restrict the rate of flow through your meter to a rate less than the “recommended maximum rate for intermittent operations” in accordance with the American Water Works Association standards (C700-09, C701-07, C708-05, C712-02), as amended.

Currently adopted “Recommended Maximum Rates for Intermittent Operations” are as follows:

<u>METER CLASS</u>	<u>RECOMMENDED MAXIMUM RATE FOR INTERMITTENT OPERATIONS</u>
20	20 gallons per minute
30	30 gallons per minute
50	50 gallons per minute
100	100 gallons per minute
160	160 gallons per minute
200	200 gallons per minute
300	300 gallons per minute
450	450 gallons per minute
900	900 gallons per minute
1200	1200 gallons per minute
1500	1500 gallons per minute

Note: Meters serving fire sprinkler systems shall be U.L. approved for such service. The minimum size available for such service is ¾-inch with a full port gate valve.

CUSTOMER’S AGREEMENT

I, the Customer, hereby request water delivery and/or meter installation to the property listed on Page 1 of this document. In consideration of being supplied water, I agree to abide by the District’s rules, regulations, policies and rates as may be amended or supplemented from time to time by the District’s Board of Directors. I will comply with all applicable laws and to pay the District in a timely manner as provided therein. I agree to pay all reasonable attorney fees and court costs or other costs incurred by the District to enforce payment. I understand that the District may discontinue water service for nonpayment.

I acknowledge that the District receives its water by contract with the U.S. Bureau of Reclamation (Bureau) and agree to be subject to the terms and conditions of the District’s Water Service Contract with the Bureau including imposed conditions, restrictions and reductions. I agree that the District is not liable for temporary interruption of water service nor does the District guarantee any specific quantities of water or specific water pressure. I agree to give written notice at least 48 hours before the supply of water to the property is to be disconnected. Application for a service installation must be accompanied by the required funds.

I hereby acknowledge that a pressure regulator should be installed in the service line between the meter and the dwelling on any service where the water pressure provided by the District may exceed 75 pounds per square inch. A cross connection device may also be required to comply with applicable regulations. (CCR Title 17)

I represent that I have the legal right to make this Application and I will indemnify and hold the District harmless from anyone who holds an interest in the above listed account who claims I acted without due authority.

I, THE CUSTOMER, CERTIFY THAT THE INFORMATION PROVIDED ON PAGE 1 HEREIN IS CORRECT AND I AGREE TO COMPLY WITH THE “CUSTOMER’S AGREEMENT” AS SET FORTH ABOVE.

_____ **Date**

_____ **Signature of Customer**