## **BELLA VISTA WATER DISTRICT County of Shasta, State of California**

## WATER SERVICE AVAILABILITY REQUEST

I/WE \_\_\_\_\_\_, the undersigned, hereby certify that we are the legal owners of that certain real property lying within the boundaries of the Bella Vista Water District, identified as Assessor's Parcel No. \_\_\_\_\_. The undersigned requests the following information regarding the above-described parcel, and acknowledges that such information may only be released to the legal owner or his or her appointed representative. (Please check the appropriate box and initial.)

Parcel Split1:	[] Yes [] No	
Subdivision Development:	[] Yes [] No	
Annexation Information:	[] Yes [] No	
Water Service:	[] Yes [] No	
Well on Property	[] Yes [] No	
Fire Sprinklers (new construction)	[] Yes [] No	
Commercial Property	[] Yes [] No	

Upon completion of the review of the water service availability to the parcel described above, such information should be released and/or forwarded to:

[] Owner(s) of record completing this form; or

[ ] \_\_\_\_\_\_(Authorized Agent)

Contact Telephone No.

It is agreed that the owner(s) of record, or their authorized representatives will submit all reference mapping as deemed necessary to enable Bella Vista Water District to provide the information requested.

The undersigned understand that the information provided is based solely on District records and that the District may or may not make an inspection of the property to verify its accuracy. Finally, the undersigned acknowledges that any information provided pursuant to this request may only be relied upon by the owner for a period of thirty (30) days from the date the information is provided, and no guarantees are given, express, or implied, that the information provided will continue to be accurate as conditions, fees, and water availability are all subject to change without prior notice.

I/WE declare under penalty of perjury of the laws of the State of California that I/WE are the legal owners of the parcel described above, and that this declaration was executed on \_\_\_\_\_, 20\_\_\_\_, at Redding, California.

(Owner)	(Owner)	
Mailing Address:		
Telephone No		
<sup>1</sup> Dropood Man Dequired		

Proposed Map Required G:\FORMS\Customer Service\Water Service Availabilty Request.docx