CALAVERAS PUBLIC UTILITY DISTRICT
P.O. Box 666
506 W. St. Charles Street
San Andreas, CA 95249

For Office Use Only
Mailed: _____
Emailed: _____
Faxed: _____
Today's Date:_____

APPLICATION FOR NEW WATER SERVICE INSTALL

PROPERTY INFORMATION

Service Address: _____ _____ _____
Street City/State Zip Code

Please Select One: Owner Occupied:_____ Secondary Home:_____ Rental Property:_____

Type of Service: Residential:_____ Commercial:_____ Agricultural/Irrigation:_____

Date Escrow Closed: _____ **Title Company:** _____

Escrow Officer: _____ **Title Company's Phone:** _____

APPLICANT (OWNER) INFORMATION

Owner: _____ **Phone:** (____) _____ **Email:** _____

Joint Owner: _____ **Phone:** (____) _____ **Email:** _____

Mailing Address: _____ _____ _____
Street or P.O. Box # City/State Zip Code

*RENTER (OCCUPANT) INFORMATION

Name: _____ **Phone:** (____) _____ **Email:** _____

Mailing Address: _____ _____ _____
Street or P.O. Box # City/State Zip Code

*If Property is a rental: Service is to remain in the property owner's name and address. Renters can call District office to get account balance, pay the bill or request a copy of the bill. As owner of the real property listed above, I understand I am responsible for any unpaid debts as a result of District water consumption on the property, including but not limited to renter or lessee usage. As property owner, I acknowledge and agree that the water service is provided in conformance with the Rules & Regulations Governing Water Service as amended time to time by the Board of Directors.

_____ _____
Property Owner's Signature Date

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☐ Meter Size: _____ Connection Cost: _____Connection Fee Paid ☐ Yes ☐ No
☐ Account #:_____Meter #:_____ ☐ # of Units: _____