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:_____

WATER APPLICATION FOR ACCESSORY DWELLING UNIT (ADU)

PROPERTY INFORMATION

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

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

Type of Service: Residential:_____ Commercial:_____

Livable Building Square Footage: _____

***The square footage provided on this application is subject to verification by the District. Any discrepancies identified during the verification process may result in adjustments to the application and any applicable fees or requirements.**

APPLICANT (OWNER) INFORMATION

A $150 research fee will be due before review.

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: _____ Capacity/Connection Cost: _____ Fees Paid ☐ Yes ☐ No
☐ Account #:_____Meter #:_____ ☐ # of Units: _____