



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

**APPLICATION TO START/STOP EXISTING WATER SERVICE**

**PROPERTY INFORMATION**

Service Address: \_\_\_\_\_

Street City/State Zip Code

Please Select One: Owner  Occ  pied  Secondary  Rental Property

\_\_\_\_\_ # \_\_\_\_\_ u # \_\_\_\_\_

\_\_\_\_\_ \ \_\_\_\_\_ \_\_\_\_\_ **Comparties h V** \_\_\_\_\_

**NEW APPLICANT (OWNER) INFORMATION**

Owner: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Joint Owner: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street or P.O. Box # City/State Zip Code

**SELLER INFORMATION**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Forwarding 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 Signature Date

For Office Use Only