

APPLICATION FOR WATER SERVICE

DATE RECEIVED: \_\_\_\_\_

1. OWNER'S NAME: \_\_\_\_\_

USE ADDRESS:  Physical Site Address \_\_\_\_\_

Lot \_\_\_\_\_ of \_\_\_\_\_ Subdivision

Parcel \_\_\_\_\_ of Parcel Map No. \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

2. Description of property to be served: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Intended Use:  Single Family Residential  Commercial

Multi-Family Residential  Industrial

Other (describe) \_\_\_\_\_

4. Number of equivalent future units related to service \_\_\_\_\_  
(To be completed by District based on plans provided by the Applicant)

5. Capacity Rights Fee \$ \_\_\_\_\_ (to be established by District)

6. Have you received, or had opportunity to read, a copy of the Water Ordinance of the District?  Yes  No

7. Is this application for a single-family dwelling unit where single-family is defined as "a man and/or woman, the unmarried children of the man and/or woman and the parents of the man and/or woman" ?

Yes       No

8. Will more than one single-family, where single-family is defined as "a man and/or woman, the unmarried children of the man and/or woman and the parents of the man and/or woman" occupy this dwelling unit?

Yes       No

I hereby request water service from the CUTLER PUBLIC UTILITY DISTRICT and agree to pay all costs associated with physical connection to the water system, capacity rights charges, monthly charges, as well as any penalties and charges levied to reestablish disconnected service.

I agree to observe all rules, regulations and ordinances adopted by the Board of Directors of the CUTLER PUBLIC UTILITY DISTRICT and the State and County DEPARTMENTS OF HEALTH SERVICES and the STATE WATER RESOURCES CONTROL BOARD.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, California.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Application Number

Cutler Public Utility District  
40526 Orosi Drive  
Cutler, CA 93615  
559/528-3859