

PLEASE PRINT OR TYPE

(Office Use Only)

LOC ID: \_\_\_\_\_

# Diablo Water District Application for Residential Water Service

**\*\* TO STOP SERVICE – PLEASE COMPLETE “REQUEST TO CLOSE WATER ACCOUNT” FORM\*\***

**\*\*FIELDS IN RED MUST BE COMPLETE\*\***

**SERVICE ADDRESS:** \_\_\_\_\_

(Office Use Only)

**ACCT. NO.** \_\_\_\_\_

**Requested Start Date:** \_\_\_\_\_ We are unable to back date start dates. Every effort will be made to begin services on your requested start date (Monday – Friday, non-holidays); however due to high volumes, some may be held until the following business date.

**Applicant's Name:** \_\_\_\_\_

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

(If different from Service Address) \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Contact Phone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Have you ever had service in your name with Diablo Water District?** \_\_\_\_\_ **If yes, where?:** \_\_\_\_\_

**Co-Applicant's Name:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell or Other Number:** \_\_\_\_\_

**Have you ever had service in your name with Diablo Water District?** \_\_\_\_\_ **If yes, where?:** \_\_\_\_\_

**Payee Only:** If you would like someone to have access to account information or make payments without being financially responsible, please complete the following:

**First & Last Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Please check one:**  Owner Occupied, Escrow close date: \_\_\_\_\_  Landlord  
 Renter/Lessee, Landlord's Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Deposit:**  \$100.00 – Billed to you on your first bill, which will be credited back to your account if no more than one final notice is received in 12 months. **Must provide proof of ownership by attaching a copy of your Closing Statement, Grant Deed or Tax Bill.**

Verified By: \_\_\_\_\_

\$200.00 – \$100.00 (CASH/CHECK) is due at the time the application is submitted. The other \$100.00 will be added to your first water bill. The total of \$200.00 will remain on the account until the account is closed, which it will then be applied to your closing bill.

Transfer deposit from current address: \_\_\_\_\_

**Call Out:**  \$100.00 Call Out Charge for New Sign Up After Hours: \_\_\_\_\_

**Customer's Signature**

**About our District:** Please visit our website [www.diablowater.org](http://www.diablowater.org) for current rates. We bill on a monthly basis. We use Chloramines in the water to disinfect which is a combination of chlorine and ammonia. There is fluoride in the water and the water is safe to use and drink. If you have a fish aquarium, you need to use a water treatment that you can find at any local pet store. If anyone in the home lives on a kidney dialysis machine, they must contact their physician for the water settings for the machine. We recommend that your outside watering should be no more than five (5) minutes at any one time.

**Release of Liability:** I request that Diablo Water District turn on water at the above service address regardless of anyone being at the premises. I realize that if all water-using appliances are not completely closed, or if there are any leaks, the premises may suffer water damage. I hereby accept full responsibility for any such damage and agree to hold Diablo Water District harmless if any damage should occur.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return to 87 Carol Lane, Oakley, CA 94561 or Fax: 925-625-0814**

**\*\* FOR SAME DAY SERVICE – WE MUST RECEIVE FAX BY 12 P.M. MONDAY THROUGH FRIDAY ONLY\*\***