

PLEASE PRINT OR TYPE



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****

Customer shall abide by all Rules and Regulations, Ordinances, Resolutions, and policies adopted by the District and as amended.

(Office Use Only)

SERVICE ADDRESS: _____

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) _____

Driver’s License #: _____ **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: _____

Driver’s License #.: _____ **Date of Birth:** _____

Contact Phone No: _____

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

Authorized Party: If there is any additional party you would like to allow access to account information without being financially responsible, please complete the following (*name will not appear on bill*):

First & Last Name: _____ **Contact Phone No:** _____

Relation to Applicant: _____ **Date of Birth:** _____

A non-refundable application fee of \$30 will be charged to the first bill.

Please check one: Owner Occupied, Escrow close date: _____ Landlord
 Renter/Lessee, Landlord’s Name _____ Phone: _____

Deposit: **\$100.00 – OWNER** – 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.**

\$200.00 – TENANT – \$100.00 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: **\$300.00 Call Out Charge for New Sign Up After Hours:** _____

Customer’s Signature

About our District: Please visit our website 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 or Email: customers@diablowater.org

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