

**FALL RIVER VALLEY COMMUNITY SERVICE DISTRICT**  
**530-336-5263 FAX: 530-336-5922**  
**CUSTOMER ACCOUNT APPLICATION FORM**

Residential      Commercial      (circle one)

Deposit Amounts: **Water \$100**      **Sewer \$50**

**To be completed by Customer:**

First & Last Name: \_\_\_\_\_ Number of dwellings on property \_\_\_\_

**Mailing Address:** \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Property Address:** \_\_\_\_\_ Zip Code \_\_\_\_\_

Tenant or Owner (circle one)    New Customer? Yes No    Well on the property? Yes No

I want to enroll in our simple auto-debit program: Yes No (circle one)    (additional form required)

All applicable fees and charges to establish service must be paid prior to establishing service. Fees and charges are not negotiable and are required to cover the costs incurred by the District to provide the applicable service. For a complete list of fees and charges, visit <http://frvcsd.org> or a copy can be provided to you by a customer service representative.

**Important please read:** I, the undersigned, have completed this application and affirm/swear the information is correct. I agree to comply with all District, Ordinances, Policies, Rules and Regulations. Furthermore, I understand that monthly invoices need to be paid by the 15th of the following month, and accounts become delinquent 30 days past the due date. At the 15th of the month, any account not paid in full is billed \$5 + 0.5% of the unpaid balance. Accounts that are 60 days or more over due will be sent a 10-day notice. A 3 day shut-off notice will be delivered in person and a final notice will be delivered with shutoff date. At the first of the following month we may file a lien. I understand that it is my responsibility to pay my bill on time and to keep my contact information current with the District. I understand that it is unlawful to provide false information or misrepresentation in making this application. If it is determine that false information has been given, my services may be disconnected without further notice.

**By signing I acknowledge that I have read and understand the terms of service.**

Signature of Customer: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**To be answered by Customer:**

*The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so.*

