

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

Residential Commercial

New Customers are subject to a refundable deposit of: **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 Owner New Customer? Yes Paperless Billing?

Property owners are responsible for all charges. You may choose for a renter to get a copy of the bill, but the ultimate liability is charged to the owner. Owners must have an application on file in order for renters to get a bill in their name.

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 inquired 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.

By signing I acknowledge that I have read and understand the FRVCS D customer policy and agree to the terms and conditions therein. I understand that I am responsible for all charges incurred at this address.

Signature of Customer: _____ Date ____/____/____

To be answered by Customer:

The following information is requested by the Federal Government and will not be used to evaluate your application or to discriminate against you in any way. You are not required to provide this information, but it does assist us when applying for Federal funding opportunities to ensure that all members of disadvantaged communities like ours are adequately served and respected.

Ancestry or Cultural Origins of Applicant (Check One):

____ American Indian/Alaskan Native ____ Asian ____ Black or African American
____ Native Hawaiian or Other Pacific Islander ____ White ____ Other ____ Two or more

Ethnicity: ____ Hispanic or Latino ____ Not Hispanic or Latino

Gender: ____ Male ____ Female ____ Other

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

Completed by The District: Service Acct #: _____ Customer Acct# _____ Effective Date: _____