

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

Residential Commercial

New Customers are subject to a refundable deposit of: Water \$100 Sewer \$50

Check if New Customer?

First & Last Name: _____

MailingAddress: _____ **ZipCode**

Phone: _____ **Cell:** _____ **Work:** _____ **E-mail:** _____

Property Address: _____ **Zip Code**

Would you like to enroll in paperless billing at the E-mail address above?

[Sign up for online account services, and view our customer policy and rates at www.FRVCSO.org](http://www.FRVCSO.org)

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

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: _____