

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

Residential      Commercial      (circle one)

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

**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 \_\_\_\_\_

*(List additional properties on the back)*

Tenant or Owner (circle one)      New Customer? Yes      No

Send a bill to the current renter at this address? 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.

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

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: \_\_\_\_\_

**Additional Properties Owned**

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

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

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

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