

FALL RIVER VALLEY COMMUNITY SERVICE DISTRICT
24850 3rd St., PO Box 427, Fall River Mills, CA 96028
530-336-5263 FAX: 530-336-5922
BULK WATER CUSTOMER ACCOUNT APPLICATION

To be completed by Customer:

Company Name: _____

Contact Name: _____

Billing Address: _____ **Zip Code** _____

Phone: _____ E-mail: _____

Annual Contract Fee: \$100

Meter Deposit (returned at the end of project unless the meter is damaged): \$1,200

Connection or Training Fee (if needed): \$70

Water Cost per Gallon: \$.03

I want to enroll in our simple auto-debit program: Yes No (circle one) Form available at frvcsd.org. 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 + 1% of the unpaid balance. 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 determined 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 ___/___/___