



# RIVER PINES PUBLIC UTILITY DISTRICT



22900 Canyon Ave., PO BOX 70, River Pines, CA 95675  
Phone: (209) 245-6723 Fax: (209) 245-5710 Email: RPPUD@RPPUD.org

**For Office Use Only**

## SERVICE APPLICATION

Account No. _____
Verified By: _____
Deposit Collected: _____
Date: _____

Location to Begin Service	
Service Address:	
City:	
Zip Code:	
Type of Service Requested (Check One):	Water Service <input type="checkbox"/> AND/ OR Sewer Service <input type="checkbox"/> Effective Date:
Customer Information	
Is Service for (Check One):	Individual <input type="checkbox"/> OR Business <input type="checkbox"/>
Is the Property (Check One):	Owner Occupied <input type="checkbox"/> OR Tenant Occupied <input type="checkbox"/>
Date Escrow Closed/Rental Began:	
<b>(Include copy of Grant Deed)</b>	
Name:	First: _____ Last: _____
Name of Spouse:	
Driver's License No.:	
Social Security Number:	
Date of Birth:	
Employer Name:	
Work Phone Number:	
Home Phone Number:	
Primary Phone Number:	
E-Mail Address:	
How Would You Like to Receive Bill:	E-Mail <input type="checkbox"/> Mail <input type="checkbox"/>
Billing Information	
Name (as it should appear on bill):	
Street Address or PO Box:	
City, State & Zip Code:	

### If Property with Tenant:

Service is to remain in the name of the owner with the property is rented or leased. Renters may receive a copy of the monthly invoices by E-Mail ONLY.

**Do you authorize the tenant to receive a copy the invoices?** Yes  No

\*As owner of the real property listed above, I understand I am responsible for any unpaid debts that may occur through the use of District water consumed on the property, including, but not limited to renter or lessee. As property owner I acknowledge and agree that water service is provided in conformance with the Rules & Regulations Governing Water Service as amended from time to time by the Board of Directors. (Payable with application: \$65.75 Transfer Fee & \$100.00 Security Deposit)

**Customer Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

