



AMADOR WATER AGENCY

12800 Ridge Road — Sutter Creek CA 95685-9630

(209) 223-3018 FAX (209) 257-5281

NEW INSTALLATION
SERVICE ORDER #

APPLICATION FOR SERVICE

Applicant _____ Phone: () _____ () _____
Billing _____ Name _____ Home _____ Work _____

Address _____
Street or P.O. Box # _____ City _____ Zip _____

Service Address _____
Number _____ Street _____ City _____ Parcel # _____

Employer _____
Name _____ Address _____ Zip _____

Date Service Requested _____ Do You Rent Own

Owner _____
Name _____ Address _____ Phone _____

Type of Service: Residential Wastewater Commercial Irrigation Multi-Dwelling Public Industrial

A Deposit may be required of new customers. The Deposit will either be held for one year and credited to customer's account or applied to closing bill.

I understand that my signature below acknowledges my responsibility for all payments and charges applicable to the above service in accordance with Regulations of the Amador Water Agency.

Last 4 digits of SSN: _____

Applicant's Signature: _____

Date: _____

Owner's Signature: _____

Statement of Compliance

This signed Statement of Compliance verifies that I am aware of and have installed a Pressure Reducing Valve (PRV) on my service. I understand that the area in which I have applied for service is a High pressure area and requires the installation of the PRV, at my expense, before I can commence taking water service. I also understand that all cost associated with the purchase, installation and future maintenance of the PRV are my responsibility.

Statement of Acknowledgement

This signed Statement of Acknowledgment verifies that I am aware of the fact that I am requesting a service connection that will provide less than 20 psi without a pressure boosting pump. I understand that the area in which I have applied for service is a low pressure area and that a pressure boosting pump is recommended. I also understand that all costs associated with the purchase, installation and future maintenance of the booster pump are my responsibility.

Customer's Signature

Customer's Signature

FOR OFFICE USE ONLY

New Service Water Account # _____ Meter Size Requested _____

Change of Party Meter # _____

WasteWater Acct# _____ Raw Water Agreement _____

Number of Dwelling Units to be Served: _____ Have Participation Fees previously been paid?: Yes No Date: _____

Is Water Available ? Yes No

	Amount	Date Req'd	Date Paid	Receipt #
Credit Deposit	_____	_____	_____	_____
Connection Fees	_____	_____	_____	_____
Engineering Fees	_____	_____	_____	_____
Participation Fees	_____	_____	_____	_____
MLX Fees	_____	_____	_____	_____

Cross-Connection Survey Yes No

WasteWater Inspection Yes No

Constructed Conveyance Yes No

Place on waiting List Yes No

Letter of Water

Service Issued Yes No

Agreement Signed: _____
Date

Date of Expiration _____

Water Service Permit Date _____