



# 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 \_\_\_\_\_ Have Participation Fees  
Units to be Served: \_\_\_\_\_ previously been paid?:  Yes  No Date: \_\_\_\_\_

Is Water Available ?  Yes  No

	Date	Date	
Amount	Req'd	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

Credit Deposit

Connection Fees

Engineering Fees

Participation Fees

MLX Fees

Agreement Signed: \_\_\_\_\_

Date

Service Issued  Yes  No

Date of Expiration \_\_\_\_\_

Water Service Permit Date \_\_\_\_\_