CUSTOMER INFORMATION (PLEASE PRINT LEGIBLY)

Customer Name (s): 
Account Number: 

Service Address: 

Legal Owners: 
Phone #: 

QUESTIONNAIRE

1. Who is completing this questionnaire? □ Legal Owner, □ Renter, □ Other

2. Is this property already protected with a Backflow Assembly Device? □ Yes, □ No, □ Don't know

3. Is there a business on the property? □ Yes, □ No (If No skip to question 4)
   If yes, please indicate the name and type of business (e.g. hardware store, professional office etc) 

   Does (or will) this commercial property have a sprinkler system for landscaping or fire protection? □ Yes □ No

4. In addition to being served treated water from the Amador Water Agency, do you have (or plan to utilize) an alternate source of water for any use? □ Yes □ No (if yes, please answer 4b. If No, proceed to 5.)

4b. Please tell us the Alternate source: □ Private Well, □ Pumped supply from Pond, Spring, Canal, or Creek, □ Untreated Water from the Amador Canal or Ione pipeline (Check this box if you have, or are applying for, a raw water service). Account Number: 

5. Do you have (or plan to have) an auxiliary fire fighting system on your property? □ Yes □ No

6. Do you have (or plan to install) a solar water heating system? □ Yes □ No

7. Do you utilize (or plan to utilize) a booster system for water pressure? □ Yes □ No

CERTIFICATION

I/We hereby certify that I/We am/are the □ Owner(s), □ Renter(s), □ Other of the above-identified Parcel and the foregoing is true and correct to the best of my/our knowledge.

Signature __________________ Print Name __________________ Date ________________

Comments: