



1880 ACACIA AVENUE
PO BOX 710
SUTTER, CALIFORNIA 95982-0710

Office #(530) 755-1733
Fax # (530) 755-1777

APPLICATION FOR WATER SERVICE

DATE OF SER.: _____

_____	_____	Homeowner / Tenant / Realtor
Account - Service ID #	E-Mail Address	Please circle one
_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Last Name (Spouse)	First Name (Spouse)	Middle Initial (Spouse)
_____	_____	_____
Service Address	City, State	Zip Code
_____	_____	_____
Mailing Address	City, State	Zip Code
_____	_____	_____
Home Telephone #	Cell Phone #	Work Phone #

Is there a well on property: Yes, No Double Check Valve: Yes No

The Undersigned hereby requests utility service at premises named above and waives claims for damage resulting from running water originating from leaks, open faucets, etc. on such property, and agrees to hold Sutter C.S.D. harmless from any such damage.

Signature

Date

New Account Service Fee: \$13.10
Security Deposit: \$40.00
Pursuant to ordinance No.96-04