



# SUTTER COMMUNITY SERVICES DISTRICT

1880 ACACIA AVENUE  
P.O. BOX 710  
SUTTER, CALIFORNIA 95982-0710

(530) 755-1733  
FAX (530) 755-1777

## APPLICATION FOR WATER SERVICE

DATE OF SER.: \_\_\_\_\_

_____	_____	<u>Homeowner / Tenant / Realtor</u>	
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 #	
_____	_____	_____	_____
Place Employed	Reference Name	Reference Phone #	Social Security No.

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

The Undersigned hereby request utility service at premises designated above, and waives claims for damages 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 damages.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

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

### FOR OFFICE USE ONLY

Meter I.D. \_\_\_\_\_ Meter Serial No. \_\_\_\_\_ A. P. No \_\_\_\_\_

Homeowner: \_\_\_\_\_  
Name address Phone#

Note: \_\_\_\_\_