

Crystal Clear Water, Inc

Application for Water Service

This application is for Residential, Multi-Family, and Commercial customers initiating a new water service account (s) or to establish an additional service. Please complete all blanks.

APPLICATIONS WILL NOT BE ACCEPTED IN THE NAME OF LESSEE OR TENANT ON MULTI-FAMILY/MULTI UNIT ACCOUNTS

I. General Information:

Select the account type you wish to establish:

Single Family Residential Commercial Multi-Family

If Multi-Family Units, please indicate the number of apartments/units: _____

Today's Date: _____ Date of Deed or Lease: _____ Request Date for Service: _____

Name on Deed or Lease (Account Holder's Name): _____

Service Address: _____ City: _____ State: _____ Zip+4: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____

E-mail Address: _____

Federal Tax ID No.: _____ SS No.: _____

State Tax ID No.: _____ State Issued: _____

Driver's License No.: _____ State Issued: _____

Name of Property owner/Landlord: _____

Same as above

Address: _____ City: _____ Zip: _____

Day Phone: _____

E-mail Address: _____

Mailing Address: (If left blank the bill will be mailed to the service address)

Attention: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip+4: _____

Please select one under each category of business or property type listed below.

Please note, a recorded deed will be required to establish water service depending on the type of account.

Property/Business Type:

COMMERCIAL

- One Unit
- Two Units
- Three or more
- Condo/Townhouse
- Apartments
- Trailer Park
- RV Park

MULTI-FAMILY

- Two Units
- Three Units
- Four Units
- Condo/Townhouse
- Apartments
- Trailer
- Park
- Not applicable

I understand that Crystal Clear Water, Inc. shall have the right to terminate water service if any of the information provided in this application is determined to be false. In addition, I understand and agree that Crystal Clear Water, Inc., through its authorized employees, shall have access to its equipment at all reasonable times for the purpose of reading meters, inspection, testing, repairing, and/or replacing any equipment which is the property of Crystal Clear Water, Inc. If such equipment is located where an electronic security system is required, Crystal Clear Water, Inc. shall be provided with the security pass code for access to the property. I understand Crystal Clear Water, Inc. has the right to estimate a bill due to inclement weather, when the meter is inaccessible, and/or obstructed. In addition, I understand that I am responsible for all minimum bills regardless of whether the water is used or not. I understand water service may be terminated if the required security deposit and/or monthly bills are unpaid.

By my signature below, I acknowledge that I am the authorized business representative and it is my responsibility to establish water service with Crystal Clear Water, Inc. and all information provided in this application is true and correct. I agree to comply with all Customer Account Services' Policies and Ordinances as governed by Crystal Clear Water, Inc.

I am the:

Property Owner

Tenant

Printed Name

Title

Applicant's Signature

Date