

Tranquillity Irrigation District

Domestic Water Service Connection Application

Please fill out the following information to establish your residential water connection

Name: _____ (phone) _____

Check One: Owner: _____ Renter: _____

Address of service: _____

Mailing address if different from above:

Number in Household : _____

Service Description:

Bedrooms # _____ Baths # _____ Washers # _____

Landowner (if different than above)

(phone)

Landowner address: _____

Language Preference for billing: English _____ Spanish _____ Other _____

Special Provisions: (Please initial acknowledgment by each)

_____ Since this connection is not in the normal right-of-way, but on private property, I further agree to allow the District access to the service connection to conduct necessary inspection and maintenance of this connection (initial by landowner/user if applicable)

_____ Due to the location of the District facilities, an easement is granted to repair or replace distribution lines or any connections and appurtenances to the District drinking water system (initial by landowner/user if applicable)

SIGNATURE OF WATER USER OR REPRESENTATIVE:

Signed _____ Date _____

SIGNATURE OF LANDOWNER (authorizing renter to apply for water service):

Signed _____ Date: _____

I hereby request water service at the above location and assume responsibility for the costs of service and any other charges the provider (Tranquillity Irrigation District) is legally entitled to. I have read and understand the requirements and conditions of the District for a drinking water connection described in the District's Consolidated Requirements for the Administration of the Tranquillity Irrigation District Domestic Drinking Water System.

The user, by signing this application, acknowledges that the District is not responsible for maintenance, repair or upkeep of any equipment or water delivery appurtenances past the normal curb atop or valve connection to the District system.

District Information:

Acct. # _____ Start of Service ___ - ___ - ___ End of Service ___ - ___ - ___

Permission to Occupy: ___ Evidence of Ownership or ___ Evidence of Lease

If New Connection: ___ County Building Permit or ___ Certificate of Occupancy

Deposit req'd. Y ___ N ___ \$ _____

Parcel / APN # _____

Copy of ID: _____

Customer received a copy of Rules & Regs: _____

Approved: _____

Secretary-Treasurer or Manager