

PLEASE PRINT OR TYPE

(Office Use Only)

LOC ID: \_\_\_\_\_

# Diablo Water District Application for Water Service

**\*\* TO STOP SERVICE – PLEASE COMPLETE “REQUEST TO CLOSE WATER ACCOUNT” FORM\*\***

**\*\*FIELDS IN RED MUST BE COMPLETE\*\***

**SERVICE ADDRESS:** \_\_\_\_\_

(Office Use Only)

**ACCT. NO.** \_\_\_\_\_

**Requested Start Date:** \_\_\_\_\_ We are unable to back date start dates. Every effort will be made to begin services on your requested start date (Monday – Friday, non-holidays); however due to high volumes some may be held until the following business date.

**Primary Applicant:**

**Billing Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

(if different from Service Address) \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell or Other Number:** \_\_\_\_\_

**Have you ever had service in your name with Diablo Water District?** \_\_\_\_\_ **If yes, where?:** \_\_\_\_\_

**Co-Applicant if applicable:**

**Name:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Work/Cell Ph:** \_\_\_\_\_

**Have you ever had service in your name with Diablo Water District?** \_\_\_\_\_ **If yes, where?:** \_\_\_\_\_

**Please check one:** Owner Occupied, Escrow close date: \_\_\_\_\_ Landlord or Property Manager

Renter/Lessee, Landlord’s Name \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Owned Property Owner’s Name: \_\_\_\_\_

**\*\*Bank owned properties – Please complete Water Service Retention Agreement Form located on our website ([www.diablowater.org](http://www.diablowater.org)) instead of this form.**

**Deposit:** \$100.00 – This will be added to your first water bill. After receiving 12 months of billing with no more than one final notice, the \$100.00 will be applied back to your account on the 13<sup>th</sup> month.  
**OR**

**CREDIT CHECK –** There will be a \$7.00 charge to run a credit check. We are requiring the last 24 months of credit history with no negative remarks. **(ONLY OWNER/TENANT OCCUPIED ARE ELIGIBLE FOR CREDIT CHECK) (BANK OWNED PROPERTIES AND LANDLORDS NOT ELIGIBLE FOR CREDIT CHECK)**

Transfer deposit from current address: \_\_\_\_\_

**About our District:** Please visit our website [www.diablowater.org](http://www.diablowater.org) for current rates. We bill on a monthly basis. We use Chloramines in the water to disinfect which is a combination of chlorine and ammonia. There is fluoride in the water and the water is safe to use and drink. If you have a fish aquarium, you need to use a water treatment that you can find at any local pet store. If anyone in the home lives on a kidney dialysis machine, they must contact their physician for the water settings for the machine. We recommend that your outside watering should be no more than five (5) minutes at any one time.

**Release of Liability:** I request that Diablo Water District turn on water at the above service address regardless of anyone being at the premises. I realize that if all water-using appliances are not completely closed, or if there are any leaks, the premises may suffer water damage. I hereby accept full responsibility for any such damage and agree to hold Diablo Water District harmless if any damage should occur.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return to 2107 Main Street, Oakley, CA 94561 or Fax: 925-625-0814**

**\*\* FOR SAME DAY SERVICE – WE MUST RECEIVE FAX BY 12 P.M. MONDAY THROUGH FRIDAY ONLY\*\***