

Today's Date \_\_\_\_\_ Date to Start \_\_\_\_\_

NAME \_\_\_\_\_  
 LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NO. ( ) \_\_\_\_\_

FOR OFFICE USE ONLY	
ACCT. NO.	_____
READING	_____
METER NO.	_____
DEPOSIT \$	_____
TURN ON	<input type="checkbox"/>
TURN OFF	<input type="checkbox"/>
_____	

The undersigned applicant hereby requests you to connect your water distribution system with the premises mentioned here-on and to deliver water there-to. In consideration of being so supplied, applicant agrees to abide by the District's rules and promises to pay the District for all water supplied in accordance with the registration of the District's meter installed at premises.

APPLICANT X \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_

VENTURA RIVER COUNTY WATER DISTRICT

DRIVER'S LIC. NO. \_\_\_\_\_ STATE \_\_\_\_\_

PROPERTY OWNER  RENTER / LEASER  PROPERTY MANAGER

PROPERTY OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ PHONE NO. ( ) \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**NOTICE: YOUR DEPOSIT WILL BE REFUNDED EIGHTEEN (18) MONTHS, PROVIDED YOUR BILL IS PAID ON TIME EVERY MONTH FOR THE EIGHTEEN MONTH PERIOD. WE WILL AUTOMATICALLY SEND YOU A REFUND CHECK. IF YOU MISS ANY PAYMENT IN THE EIGHTEEN MONTH PERIOD, YOUR ON-TIME COUNT STARTS AT ZERO AND YOU WILL HAVE TO WAIT ANOTHER EIGHTEEN MONTHS.**

I HAVE READ THE ABOVE AND AGREE TO THE TERMS AS STATED.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_