

WESTWOOD COMMUNITY SERVICES DISTRICT (WCSD)

APPLICATION FOR WATER/SEWER SERVICE P.O. Box 319

Westwood, CA 96137 530-256-3211

Fax 530-256-3212 Email : office@westwoodcsd.org

APPLICATIONS BY TENANTS OR PERSONS OTHER THAN THE
PROPERTY OWNER SHALL NOT BE PERMITTED EXCEPT AS
OTHERWISE REQUIRED BY GOVERNMENT CODE SECTION 60370, ET SEQ. AND PUBLIC
UTILITIES CODE SECTIONS 777 ET SEQ., 10001, ET SEQ. AND 16461, ET SEQ.

(1) APPLICANT (PROPERTY OWNER AND EACH CO-OWNER):

LAST NAME (PROPERTY OWNER)	FIRST	MIDDLE	PROOF OF PROPERTY OWNERSHIP DEED TAX BILL
MAILING ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE #
LAST NAME (PROPERTY COOWNER)	FIRST	MIDDLE	PROOF OF PROPERTY OWNERSHIP DEED TAX BILL
MAILING ADDRESS		STREET ADDRESS	

CITY	STATE	ZIP CODE	TELEPHONE #

(2) DATE OF APPLICATION: X _____

(3) PLACE OF APPLICATION: n/a _____

(4) LOCATION OF PROPERTY/PREMISES TO BE SERVED:

(5) REQUIRED SERVICE DATE: _____

(6) **NAME & ADDRESS TO WHICH BILLS ARE TO BE MAILED IF OTHER THAN PROPERTY OWNER ADDRESS IDENTIFIED IN SECTION 1 , ABOVE:**

(7) HAS DISTRICT SUPPLIED PRIOR SERVICE TO THE PROPERTY/PREMISES? _____yes

(8) PURPOSE FOR WHICH SERVICE IS TO BE USED:
 RESIDENTIAL (DOMESTIC) SERVICE

 COMMERCIAL SERVICE
 MUNICIPAL OR PUBLIC USE
 PUBLIC FIRE PROTECTION
 _____ TEMPORARY SERVICE (IDENTIFY RESIDENTIAL/COMMERCIAL)

(9) SIZE OF SERVICE: 5/8 _____

(10) DO OTHER WATER SOURCES EXIST ON THE PROPERTY/PREMISES? IF SO, PLEASE DESCRIBE:

NO.

APPLICANT(S)/OWNER(S) UNDERSTAND AND AGREE TO EACH OF THE FOLLOWING TERMS AND CONDITIONS OF SERVICE:

- (1) THE WATER/SEWER SERVICE TO BE SUPPLIED BY THE DISTRICT AT THE PROPERTY/PREMISES IDENTIFIED IN SECTION 4, ABOVE, IF ANY, SHALL BE SUBJECT TO, AND CONDITIONED UPON, APPLICANT(S)/OWNER(S) COMPLIANCE WITH ALL DISTRICT ORDINANCES, RESOLUTIONS, RULES AND REGULATIONS REGARDING THE PROVISION OF WATER AND SEWER SERVICES WITHIN THE DISTRICT INCLUDING, BUT NOT LIMITED TO, THOSE RELATING TO RATES, SERVICE AND SUPPLY, BILLING AND PAYMENT, AND DISCONTINUATION AND RE-ESTABLISHMENT OF SERVICE. IN ANY LEGAL ACTION BROUGHT BY THE DISTRICT OR ITS AGENTS TO ENFORCE APPLICANT(S)/OWNER(S) COMPLIANCE REFERENCED ABOVE, IN WHICH THE DISTRICT REQUESTS THE RECOVERY OF ATTORNEYS' FEES, THE PREVAILING PARTY SHALL BE AWARDED REASONABLE ATTORNEYS' FEES AND COSTS, IN ADDITION TO ALL OTHER DAMAGES AUTHORIZED BY LAW, AND SHALL BE ENTITLED TO ITS REASONABLE ATTORNEYS' FEES AND COSTS INCURRED IN ANY POST-JUDGMENT PROCEEDINGS TO COLLECT OR ENFORCE ANY JUDGMENT, AND IN ANY APPEAL.
- (2) THIS APPLICATION IS MERELY A WRITTEN REQUEST FOR SERVICE. WHERE EXTENSION OF DISTRICT MAINS IS REQUIRED TO PROVIDE SERVICE, APPLICANT/OWNER SHALL BE REQUIRED

TO PAY THE COST OF SUCH EXTENSION SUBJECT TO THE PROVISIONS OF SECTION 24, OF WCSD ORDINANCE NO. 2.

APPLICANT(S)/OWNER(S) FURTHER AGREE THAT THE EXECUTION OF A CONTRACT, RATHER THAN AN APPLICATION FOR SERVICE, MAY BE REQUIRED BY THE DISTRICT IN ACCORDANCE WITH THE DISTRICT'S ORDINANCES, RESOLUTIONS, RULES AND REGULATIONS.

(3) EACH APPLICANT/OWNER MAKING A SINGLE APPLICATION FOR SERVICE, SHALL BE JOINTLY AND SEVERALLY LIABLE TO THE DISTRICT FOR THE PAYMENT OF SUCH SERVICE, AND THE DISTRICT SHALL ONLY BE OBLIGATED TO SEND A SINGLE, PERIODIC BILL.

(4) IF, AS INDICATED IN SECTION 6, ABOVE, THE ADDRESS TO WHICH BILLS ARE TO BE MAILED DIFFERS THAN THE PROPERTY OWNERS' ADDRESS(ES) IDENTIFIED IN SECTION 1, ABOVE, OWNER/APPLICANT NEVERTHELESS REMAINS JOINTLY AND SEVERALLY RESPONSIBLE FOR COMPLETE SATISFACTION OF ANY OUTSTANDING AMOUNTS OWED FOR SAID SERVICE.

X _____
(SIGNATURE OF APPLICANT/OWNER)

X _____
(PRINT NAME)

(SIGNATURE OF APPLICANT/CO-OWNER)

(PRINT NAME)

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The following information is requested by the Federal Government in order to monitor the District's compliance with federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but you are encouraged to do so. This information will not be used in evaluating your application nor will it be used to discriminate against you in any way. However, if you choose not to furnish it, the District is required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Race/National Origin of Applicant (Property Owner) — (Check One):

White, Non-Hispanic Black, Non-Hispanic

—

Hispanic

American Indian or Alaskan Native

—

Asian or Pacific Islander

This is an Equal Opportunity Program. Discrimination is prohibited by federal law. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Washington, D.C. 20250-9410.
