



CALAVERAS PUBLIC UTILITY DISTRICT
P.O. Box 666
506 W. St. Charles Street
San Andreas, CA 95249

For Office Use Only
Mailed: _____
Emailed: _____
Faxed: _____
Today's Date: _____

APPLICATION TO START/STOP EXISTING WATER SERVICE

PROPERTY INFORMATION
Service Address: _____
Street City/State Zip Code
Please Select One: Owner Occupied: _____ Secondary Home: _____ Rental Property: _____
Date Escrow Closed: _____ Title Company: _____
Escrow Officer: _____ Title Company's Phone: _____

NEW APPLICANT (OWNER) INFORMATION
A \$35 new account fee will be added to the first month's bill.
Owner: _____ Phone: (____) _____ Email: _____
Joint Owner: _____ Phone: (____) _____ Email: _____
Mailing Address: _____
Street or P.O. Box # City/State Zip Code

SELLER INFORMATION
Name: _____ Phone: (____) _____ Email: _____
Forwarding Address: _____
Street or P.O. Box # City/State Zip Code

*RENTER (OCCUPANT) INFORMATION
Name: _____ Phone: (____) _____ Email: _____
Mailing Address: _____
Street or P.O. Box # City/State Zip Code

*If Property is a rental: Service is to remain in the property owner's name and address. Renters can call District office to get account balance, pay the bill or request a copy of the bill. As owner of the real property listed above, I understand I am responsible for any unpaid debts as a result of District water consumption on the property, including but not limited to renter or lessee usage. As property owner, I acknowledge and agree that the water service is provided in conformance with the Rules & Regulations Governing Water Service as amended time to time by the Board of Directors.

Property Owner's Signature _____

Date _____

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Account # _____ Meter # _____ # of Units _____