

Apple Valley Foothill County Water District

22545 Del Oro Road

Apple Valley, CA 92307

Office - (760) 247-1101

www.avfwd.specialdistrict.org

APPLICATION FOR WATER SERVICE

NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

PARCEL NUMBER: _____

SERVICE START DATE: _____

DEPOSIT REQUIRED - \$204.26 CASH, CHECK, OR MONEY ORDER ONLY

SIZE OF METER: _____ METER ID # _____

THE WATER SUPPLIED BY APPLE VALLEY FOOTHILL COUNTY WATER DISTRICT IS TREATED AND THE PRESSURE PER SQUARE INCH RANGES FROM APPROXIMATELY 20 PSI TO APPROXIMATELY 90 PSI AND YOU MAY NEED TO INSTALL A PRESSURE REGULATOR VALVE BETWEEN THE METER AND THE HOUSE.

THE DISTRICT SHALL NOT BE LIABLE FOR DAMAGE WHICH MAY RESULT FROM INTERRUPTION IN SERVICE FROM A CAUSE BEYOND THE CONTROL OF THE WATER DEPARTMENT. THE DISTRICT WILL NOT BE LIABLE FOR INTERRUPTION, SHORTAGE, OR INSUFFICIENCY OF SUPPLY OR FOR ANY LOSS OR DAMAGE OCCASIONED THEREBY, IF CAUSED BY ACCIDENT, ACT OF GOD, STRIKE, RIOT, WAR OR ANY OTHER CAUSE NOT WITHIN ITS CONTROL.

BY SIGNING THIS APPLICATION, THE APPLICANT AGREES TO OBSERVE ANY DISTRICT RULE, REGULATION OR ORDINANCE NOW OR HEREAFTER ADOPTED RELATED TO THE WATER SERVICE AND TO PAY WATER BILLS PROMPTLY.

I HAVE READ AND UNDERSTOOD THE ABOVE AND ALSO UNDERSTAND I AM RESPONSIBLE FOR PAYING THE WATER BILL UNTIL I ORDER SERVICE DISCONTINUED.

SIGNATURE: _____ DATE: _____

DOB: _____

DRIVER'S LICENSE #: _____

Please sign and return within 10 days to avoid interruption in service