



CVWD USE ONLY: Account Number: _____

DOMESTIC WATER SERVICE REQUEST – RESIDENTIAL

***Indicates required information to process your service request.**

Location to Begin Water Service	
* Type of Service Requested Water Sewer Other	* Effective Date: Start Service End Service Information Update (Address/Phone) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
* Service Address Street:	
* Service Address City and Zip Code:	Zip Code:
Assessor's Parcel Number	
Owner Information	
* Last Name:	
* First Name – Middle Initial:	Spouse:
* Mailing Address:	
* City, State and Zip Code:	State: Zip Code:
* Phone Number:	Home: Work:
Fax Number:	
E-Mail Address:	
Tenant Information	
* Service For	Individual <input type="checkbox"/> Business <input type="checkbox"/> * Effective Date:
* Last Name:	
* First Name – Middle Initial:	
* Mailing Address:	
* City, State and Zip Code:	State: Zip Code:
* Phone Number:	Home: Work:
Fax Number:	
E-Mail Address:	
Customer Contact Information	
* Emergency Name and Contact Number: (HOA/Manager)	Home Work Cell <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fax Number:	
E-Mail Address:	
If Property with Tenant: Do you authorize the tenant to receive copies of the bill? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tenant information section (above) must be completed.	
Property Owners are responsible for payment of water bills. Owners may authorize tenants to receive and pay the bill; however responsibility for the account remains with the Property Owner. By signing this document, I certify I am the legal landowner of the property identified as the service address above, and all information is true and correct. I assume all responsibility for any bills, costs, or fees associated with water service regardless of user or use. Upon termination of the tenant's account, the account will automatically revert to the owner's name. I understand all bills are due and payable within 30 days of billing, and a 1 ½ % interest charge will be assessed against all delinquent bills.	
Previous Service with the Coachella Valley Water District:	
Service Address and dates of service:	

Owner Signature: _____

Date Signed: _____

Tenant Signature: _____

Date Signed: _____