



APPLE VALLEY HEIGHTS COUNTY WATER DISTRICT

P. O. BOX 938
APPLE VALLEY, CA 92307
(760) 247-7330

avhcwd@yahoo.com

www.applevalleyheightscountywaterdistrict.com

DATE: _____

APPLICATION FOR WATER SERVICE

NAME: _____

MAILING ADDRESS: _____

EMERGENCY CONTACT #: (_____) _____

LOCATION OF PREMISES TO BE SERVED:

DATE SERVICE REQUIRED: _____

DEPOSIT REQUIRED - \$175.50 **ACCT #** _____

SIZE OF METER: _____ Meter SN: _____

THE WATER SUPPLIED BY APPLE VALLEY HEIGHTS COUNTY WATER DISTRICT IS UNTREATED AND THE PRESSURE PER SQUARE INCH RANGES FROM APPROXIMATELY 20 PSI TO APPROXIMATELY 175 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 RULES, REGULATIONS OR ORDINANCES 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: _____
Property Owner/Agent/Tenant

DATE: _____

DRIVER LICENSE #: _____ DOB: _____

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