



Start Water Service Application

Incomplete Applications Will Not Be Processed

Location Of Water Service

*Service Address: _____

**Effective Date: _____

Customer Information:

*Your Status: Owner Tenant Agent Other:

Water Service for (Check One): Individual Business

Property Occupied by (Check One): Owner Tenant

Business Information:

Company Name: _____

*Taxpayer Identification Number: _____

Contact Information

Applicant

Co-Applicant

*First: _____ M.I. _____

*Last: _____ M.I. _____

*Driver's License Number: _____

*Social Security Number: _____

*Date of Birth: _____

*Primary Phone Number: _____

E-mail Address: _____

Mailing Information (If Different From Service Address)

*Name (as it should appear on bill) _____

*Street Address or PO Box: _____

*City, State & Zip Code: _____

Previous Service with Beaumont-Cherry Valley Water District

Service Address: _____

Processing Authorization

*I authorize BCVWD to process my application & associated credit check. I understand a deposit may be required in accordance with the District's rules and regulations.

Preauthorized Payments

Would you like to sign up for Preauthorized Payments? Yes No

Owner Responsibility

* As owner of the real property listed above, I understand I am responsible for any unpaid debts that may accrue through the use of the District water consumed on the property. As property owner, I acknowledge and agree that a lien may be placed on the property should these debts remain unpaid.

Owner Name: _____

Phone Number: _____

Owner Signature: _____

Date Signed: _____

Applicant Signature: _____ Date Signed: _____

Co-Applicant Signature: _____ Date Signed: _____

*Indicates required information needed to process your water service application.

**Effective date must be within 7 days of date the application was received.

For Office Use Only

Account No.: _____

Deposit Collected: _____

Processed By: _____

Office Order No.: _____

Date: _____

Credit Report No.: _____