El Dorado Water and Sewer Utilities Transfer Service Application

Location where PREVIOUS SERVICE is to be disconnected	d:
Date and time service disconnection desired:	(30 days max)
Location where NEW SERVICE is desired:	
Date and time service connection desired:	
•	turned on, but we will not leave water running in an unoccupied rants, etc. are turned off. A \$15.00 service fee will apply for each
Account holder name:	
Phone numbers: home ce	ell work home cell work
Spouse name (if applicable):	
Mailing address (if different from service address):	
If renting, please provide property owner information.	
Name: P	hone number:
_ ·	ervices to a new location. Upon application for transfer, the ious location, and a \$ 25.00 non refundable transfer fee.
Upon disconnecting services at the previous location, th services from the last normal meter reading to the date	e utility will mail the customer a Final Bill, on white paper, for of disconnection.

You, the customer, will have 22 days to pay the Final Bill (white paper) from the previous location. The balance due from your previous location will be transferred to the new location. To prevent possible service interruption at the new location, you must pay the Final Bill within the 22 day period.

SERVICE AGREEMENT: I hereby make application for water and sewer services to be supplied at the address herein described and hereby agree to pay for this service in accordance with the rates of El Dorado Water Utilities, which are approved by the proper Regulatory Authorities. The Utility reserves the right to discontinue service without further notice in the event that payment for service has not been received within thirty days from date of bill for such service.

It is further understood and agreed that:

I am responsible for properly connecting my service (water) line to the meter and understand that maintenance of the service (water) line from the meter to my residence is my responsibility.

With the exception of the customer's service (water) line, the meter box and lid with everything in it are the property of the Utility and are to be accessed only by the Utility, including the Utility's shut off valve. I will promptly report serviceability problems, such as improperly seated boxes and water leaks at the box to the Utility. I understand that I am responsible for damage to the Utility property and if this damage is caused by illegal activity, I will file the appropriate reports with the police. I will provide a copy of such reports to the Utility upon request.

The meter shall remain fully accessible to Utility employees at all times and I could be charged a \$ 25.00 service fee if the Utility has to make multiple trips to my residence to access the meter.

A service charge will be applied to my account if I request a service call and the Utility can find nothing wrong with the service connection or meter reading.

I understand that I am responsible for keeping the Utility up to date on my mailing address, contact information and personal security authorization password.

I understand the Utility will not turn on service when no one is at my residence and water passes through the meter. In addition, I understand that I may be charged a service fee for repeated trips to connect my service under these circumstances. I am responsible to either be home when I request service to be restored or ensure that I have all my faucets shut off and leaks fixed.

I will not hold the Utility responsible for not receiving bills or other mail as long as the Utility is using my mailing address of record.

I understand that I could be held responsible for any debts owed the Utility by other persons living at my residence.

I have received the Utility welcome brochure and have been briefed on the approximate day of the month to expect my monthly bills. The water and sewer rates and any other questions I asked have been explained to my satisfaction. I understand the billing cycle and how and when my bill may be considered delinquent, the late penalty charges, and how my service may be disconnected. I understand how my final bill will be calculated in the event I close my account or transfer to another account and that this bill may be substantially higher than normal. I received a copy of this form.

PRINTED NAME:	PRINTED NAME OF SPOUSE:
SIGNATURE:	SIGNATURE OF SPOUSE:
DATE:	