

Elsinore Valley Municipal Water District
 P.O. Box 3000, 31315 Chaney St, Lake Elsinore, CA 92531
 O: (951) 674-3146; F: (951) 346-3352 email: ihaveavoice@evmwd.net

Application for Residential Water/Sewer Service

All requests for residential water/sewer service require a one-time set-up fee of **\$10.00**. An additional **\$50.00** will be collected if service is required the same day that a new service request is made, provided that request is made before 2:30 pm. An additional **\$100.00** will be collected if service is required the same day that a new service request is made, and that request is made after 2:30 pm.

Customers with active accounts must pay all past due amounts on current accounts prior to establishing additional service with the District. In order to determine the deposit amount required for the account, the District will run a soft credit check using the account holder's Social Security number. A Credit Check fee of **\$5.00** will appear on your first bill. Payment history with the District will be evaluated to determine if current account holders are required to pay a deposit when initiating service at a new or additional premise. Your deposit can be billed to you in equal monthly installments; or you may choose to have the deposit billed all at one time. The District will return deposits after 18 months of satisfactory payment history.

The deposit requirement can be conditionally waived if one of the following is selected (please check which option you will request):

- Provide a payment history report from a major utility (water, sewer, electric, gas) which reflects a satisfactory payment history (no delinquent charges, returned payments) for a minimum 12 month period.
- Participate in Auto Pay program for a minimum of 18 months.

If you **do NOT wish to provide your Social Security Number or do not want a credit check processed**, please read and initial your acknowledgement below:

I do not wish to have my Social Security Number used to run a soft credit check in order to determine the deposit amount. I understand that by not participating in the credit check process, the District will bill me the full deposit amount for my account type. I also understand that I can still waive the deposit requirement as outline above.

Today's Date: _____ Requested Service Start Date: _____

Service Location: _____ City _____ Zip Code: _____
 (Street Address)

Assessor's Parcel Number (APN...found on title paperwork): _____

Applicant Name: _____ Check One: Owner Tenant

Number of People Living in the Home: _____

Home Phone: _(_____)_____ Work Phone: _(_____)_____ Cell Phone: _(_____)_____

Billing Address (if different than service address):

Street: _____ City: _____ State: _____ Zip Code: _____

Driver's License #: _____ DL State: _____ Social Security #: _____

Spouse's Name: _____

Driver's License #: _____ DL State: _____ Social Security #: _____

The undersigned applicant(s) accepts responsibility for payment of all charges for water and/or wastewater services provided by the Elsinore Valley Municipal Water District and agrees to comply with all District regulations governing such services as stated in the District's Administrative Code, Rules and Regulations Governing Water Service, Section 3201 et seq. The applicant acknowledges liability for payment for water used and applicable service charges until the District is notified in writing or by phone to cancel service. The District is not liable for any damages due to running water on customer's side of the meter.

Applicant Signature _____ Date _____