



CLEAR CREEK COMMUNITY SERVICES DISTRICT

5880 Oak Street Anderson, CA 96007

Telephone 530-357-2121 Fax 530-357-3723

APPLICATION FOR GREEN RATE

"This is an Equal Opportunity Provider"

DATE: _____ ACCOUNT NUMBER: _____

NAME: _____ TELEPHONE NO: _____

MAILING ADDRESS: _____

SERVICE LOCATION: _____

PLEASE CHECK ALL THAT APPLY TO YOUR PLANNED USE:

- FAMILY GARDEN DONATION FIRE PROTECTION HORSES
- LIVESTOCK AQUA CULTURE
- LANDSCAPE OTHER (please list) _____

NO. OF UNITS: _____ PARCEL SIZE: _____

By signing this application, the applicant agrees to abide by any District Rules & Regulations now, or hereafter adopted related to water service, and to pay all bills promptly. The applicant shall pay all costs of collection and reasonable attorney's fees, together with interest at the rate of eighteen percent per annum.

Signature of CCCSD employee

Signature of applicant

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Please check on box in each of the following two categories:

Ethnicity Category, please check one:

- Hispanic or Latino
- Not Hispanic or Latino

Race category, please check one:

- American Indian or Alaska Native
- Asian
- Black
- Native Hawaiian or Other Pacific Islander
- White

Gender:

- Female
- Male

Name

Date

“This institution is an equal opportunity provider.”