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Telephone ~ 530-357-2121 Anderson, CA 96007

## **RENTER'S APPLICATIONS FOR WATER SERVICE**

TODAY'S DATE: \_\_\_\_\_ CUSTOMER NUMBER: \_\_\_\_\_

MOVE IN DATE: \_\_\_\_\_ LOCATION NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ D.O.B. : \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

### **BILLING INFORMATION: WOULD YOU LIKE YOUR BILL SENT VIA:**

E-MAIL: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ or MAIL \_\_\_\_\_

### **THIS APPLICATION MUST BE ACCOMPANIED BY THE PROPER FEES AND/OR DEPOSIT AND A COPY OF YOUR RENTAL OR LEASE AGREEMENT**

TURN ON AND/OR TRANSFER FEE: \$55.00 \_\_\_\_\_ WATER DEPOSIT: \$120 \_\_\_\_\_ = \$175.00

AMOUNT PAID: \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

(Service fee: The greater of \$1.95 or 2.5% per transaction)

*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 applicant

\_\_\_\_\_  
Signature of CCCSD employee

"We are an Equal Opportunity Provider"

“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:”