



TOWN OF DISCOVERY BAY

A COMMUNITY SERVICES DISTRICT



APPLICATION FOR WATER SERVICE

Water Service Location:

Service Start Date:

Property Owner Name:

(LAST / FIRST)

Birthdate:

Driver Lic.#

Property Owner Mailing Address:

Property Owner Phone:

Cell:

Email:

*The property owner name and address must be recorded with the Contra Costa County Assessor's Office for water utility services to be established. **The property owner shall at all times be responsible for any and all outstanding water payment amounts due and payable, including late fees, charges and penalties accrued during the time of property ownership.***

I, as owner of the service location, request that water bills be sent to me at:

My mailing address (same as above) Other address:

OR

I, as owner of the service address, hereby authorize and designate the following company/person named below to receive billings for and make payments on water service. Such company/person is permitted access to the account.

Company/Billing Name:

Billing Address:

Contact Phone:

Email:

In accordance with the Town's Ordinances, I understand, acknowledge and agree that:

- I am financially responsible for any and all outstanding water payment amounts due and payable, including rates, charges, fees, late fees and penalties accrued during the time of my property ownership, regardless of any authorization and direction to have the billings sent to another. This remains in effect regardless of any dispute between me and the person/company I designated to receive billings and make payments.
- The Town has the right to disconnect water service for non-payment of water service bills as provided for in the Town's Ordinances.
- I am responsible for any and all Town Ordinance violations on this property.
- Any company/individual designated by me to receive billing and make payments on the water account is permitted to remove their name without my (property owner's) authorization.
- A discontinuation of service will not stop the base rate from accumulating on this account.

Property Owner Signature _____ Date _____

Sign and send completed form to: waterapp@todb.ca.gov

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