

BILLS MAILED: ON 25<sup>TH</sup>  
 DUE: FOLLOWING MONTH  
 BY THE 15<sup>TH</sup>  
 LATE NOTICE: WITH A \$5.00 FEE  
 SENT ON 16<sup>TH</sup>



ALL SERVICES  
 WE STRONGLY RECOMMEND  
 YOU INSTALL THE REQUIRED  
 SHUT OFF VALVE AND A  
 PRESSURE REGULATOR AT  
 THE METER ON YOUR  
 SERVICE LINE.

DATE INITIAL

DATE INITIAL

Rule 2:B1, Rule 16:2A2

**HILLVIEW WATER CO., INC.**  
**APPLICATION FOR WATER SERVICE**

Date \_\_\_\_\_ Service Address \_\_\_\_\_  
 Name \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 Phone \_\_\_\_\_ (City, State) \_\_\_\_\_ (Zip) \_\_\_\_\_

I herby apply for water service at the above premises and I agree to use and pay therefore in accordance with the rates and rules legally in effect and on file with the Public Utilities Commission of the State of California.

- ▶ Hillview Water Co., Inc. requires a minimum of 24 hours notification for turn on and for discontinuance of service not including holidays or weekends.
- ▶ Hillview Water Co., Inc. requires a minimum of 2 weeks notification for meter set.
- ▶ Hillview Water Co., Inc. requires installation of a pressure regulator and shutoff valve on customer's line.

*Bills for water service are payable upon presentation and are **PAST DUE after 19 days.***

EFFECTIVE DATE OF SERVICE: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Employer \_\_\_\_\_ **CHECK ONE:**  
 Employer Phone # \_\_\_\_\_ Renter / Lease \_\_\_\_\_ Homeowner \_\_\_\_\_  
 Meter Size 3/4"  1"  1 1/2"  2"  3"  Proof of ownership   
 other  Agent / Owner \_\_\_\_\_  
 Service Classification: Phone# \_\_\_\_\_

Residential <input type="checkbox"/>	Condo <input type="checkbox"/>	Commercial <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>
Apartment <input type="checkbox"/>	Business <input type="checkbox"/>	Corporation <input type="checkbox"/>	Developer <input type="checkbox"/>
Duplex <input type="checkbox"/>	Industrial <input type="checkbox"/>	Partnership <input type="checkbox"/>	Other _____

(Initial)

I have received a copy of Hillview Water Co., Inc. Rate Schedule and been informed of the Uranium situation.

Backflow Device Required – Rule 16:C (**NOT** required for residential without well.)

I have read and understand the above application.

\_\_\_\_\_  
 Signature of Applicant

Tariff Sheet # 49-W, Decision #86006, 85766

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ACCOUNT # \_\_\_\_\_

PROPERTY LOT # \_\_\_\_\_

WO # \_\_\_\_\_

DEPOSIT TICKET # \_\_\_\_\_

OTHER \_\_\_\_\_

WATER AREA/DISTRICT \_\_\_\_\_

BACKFLOW \_\_\_\_\_

FIRE HYDRANT \_\_\_\_\_

FIRE PROTECTION \_\_\_\_\_