

## COMMERCIAL APPLICATION

Service Address (Street name &amp; number) # \_\_\_\_\_

Date: \_\_\_\_\_

## Applicant(s) Information

Individual applying \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ x \_\_\_\_ Mobile ☐ Alt. Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ x \_\_\_\_ Mobile ☐If a mobile # was provided, I authorize CSWD to send me text messages (my carrier's regular charges may apply) ☐Email: \_\_\_\_\_ I request to receive my bill via email ☐

Alternate resident authorized as an alternate point of contact \_\_\_\_\_

*This person may be contacted in case a decision needs to be made related to an issue at the space/mobile home.*Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ x \_\_\_\_ Mobile ☐ Alt. Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ x \_\_\_\_ Mobile ☐If a mobile # was provided, I authorize CSWD to send text messages to this number (carrier's regular charges may apply) ☐

Emergency Contact \_\_\_\_\_

*This person may be contacted in case of an emergency at the space/mobile home.*Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ x \_\_\_\_ Mobile ☐ Alt. Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ x \_\_\_\_ Mobile ☐If a mobile # was provided, I authorize CSWD to send text messages to this number (carrier's regular charges may apply) ☐

## Billing Address

Name if different from above \_\_\_\_\_

Street Address &amp; Number (or PO Box #) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ - \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ x \_\_\_\_ Mobile ☐ Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ x \_\_\_\_If a mobile # was provided, I authorize CSWD to send me text messages (my carrier's regular charges may apply) ☐Email: \_\_\_\_\_ I request to receive my bill via email ☐ or fax ☐

## Collection Policy

A summary of the Chiriaco Summit Water District (from now on, CSWD) Collection Policy is as follows:

Your monthly water bill will be available on the first five working days of the month following the billed month, at the CSWD's office. It will be either mailed or emailed to you according to your preferences.

Your payment must reach CSWD's office by the 15th of the month to avoid a late fee.

A late fee of \$20.00 will be charged to your account if the payment in full of your balance is not covered by the 15th of the month (or the next business day). If by the 20th of the month we have not received the billed amount plus the assessed late fee, you will be served a notice of balance past due. If at the first of the next month you have not paid your balance, your service may be subject to disconnection and a payment in full, including late fees plus a reconnection fee (please refer to the Rates & Fees section), will be needed to restore the service.

Please refer to the Water Shutoff Policy for SB998 compliance requirements.

# CHIRIACO SUMMIT WATER DISTRICT

## Rates & Fees

### Metered Rates - Treated Water

	2020 <sup>1</sup>	2021	2022	2023
Usage Rate per 100 CF (CCF) <sup>2</sup>	\$ 14.56	\$ 15.14	\$ 15.75	\$ 16.38

### Monthly Service Charges (Based on Meter Size)

3/4" Meter	\$ 24.92	\$ 25.92	\$ 26.96	\$ 28.03
2" Meter	\$ 132.92	\$ 138.24	\$ 143.77	\$ 149.52
Larger than 2" Meter	Contact CSWD Field Office			

### Non-Refundable Account Setup Fee (due at account opening)

\$ 25.00

### Security Deposit (due at account opening)

\$ 500.00

### Connection/Reconnection Fee

\$ 35.00

### Connection/Reconnection Fee – after 3pm, on holidays and weekends

\$ 60.00

### Late Fee (payments after the 15th of the month)

\$ 20.00

### Returned Check Fee

\$ 35.00

By signing below, you agree to the Chiriaco Summit Water District rates, fees, and collection policy, and agree to pay all bills for services rendered at the said premises and hereby waive the benefit of all statutes of limitation as to all said bills. I also hereby agree to be governed by the rules and regulations of said service now in effect or hereafter adopted by the board of directors of the CHIRIACO SUMMIT WATER DISTRICT.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## For Office Use Only

Account Number Assigned: \_\_\_\_\_ Main Applicant valid ID on file ☐

Water Meter# \_\_\_\_\_ Meter Size: \_\_\_\_\_ Unlock Request ☐

Service Start Date: \_\_\_\_\_ Opening Reading: \_\_\_\_\_

Service Stop Date: \_\_\_\_\_ Closing Reading: \_\_\_\_\_

Security Deposit: \_\_\_\_\_ Account Setup Fee: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Verified by:

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> The rates increase by 4% per year, as per the last rate adoption in 2019. A new rate study will be conducted no later than 2023 to adjust the rates if necessary.

<sup>2</sup> A CCF is 748 gallons (one-hundred cubic-feet) of water. This is the unit of measure used on your water bill.