

**COLCORD PUBLIC WORKS AUTHORITY
RESIDENTIAL APPLICATION**

SERVICE ADDRESS _____ **BEGINNING SERVICE DATE** _____

Is address going to be occupied? YES NO Occupant is the: Owner Renter

Mailing Address _____

City _____ State _____ Zip _____

APPLICANT INFORMATION

APPLICANT'S NAME: FIRST _____ MIDDLE _____ LAST _____

ID# and TYPE _____ Driver's License or State ID Military Passport

State Issued _____

Primary Phone # _____ Cell Phone # _____

Date of Birth _____ SSN# _____ Email Address _____

Employer/Position _____ Work Phone # _____

Previous Residential Address _____ City /State _____

SPOUSE OR CO-APPLICANT

NAME: FIRST _____ MIDDLE _____ LAST _____

ID# and TYPE _____ Driver's License or State ID Military Passport

State Issued _____

Primary Phone # _____ Cell Phone # _____

Date of Birth _____ SSN# _____ Email Address _____

Employer/Position _____ Work Phone # _____

Previous Residential Address _____ City /State _____

New Customer YES NO **Services requested** Water Sewer Trash

I/WE AGREE THAT THIS APPLICATION FOR UTILITIES, WHEN ACCEPTED WILL CONSTITUTE A BINDING CONTRACT BETWEEN MYSELF/OURSELVES AND COLCORD PWA (CPWA).

I/WE AGREE TO BE FULLY RESPONSIBLE FOR ALL UTILITY CHARGES ASSESSED TO ME AT THE ABOVE NOTED PROPERTY. I AGREE TO PROMPTLY PAY FOR UTILITY SERVICES RECEIVED ACCORDING TO THE SCHEDULE OF UTILITY RATES IMPLEMENTED BY THE CITY OF COLCORD PUBLIC WORKS AUTHORITY. I/WE AGREE TO COMPLY WITH ALL CURRENT AND FUTURE FEDERAL AND STATE LAW, CITY OF COLCORD ORDINANCES AND REGULATIONS, AND CITY OF COLCORD PUBLIC WORKS AUTHORITY PROCEDURES AND GUIDELINES. APPLICANTS UNDERSTANDS THAT THE ACCOUNT SECURITY DEPOSIT COLLECTED TO OPEN A NEW ACCOUNT WILL BE REFUNDED ONLY TO THE APPLICANT NAMED ABOVE AND ONLY AFTER THE ACCOUNT IS CLOSED AND ALL ACCOUNT CHARGES HAVE BEEN SATISFIED.

I/WE ACKNOWLEDGE AND AGREE THAT COLCORD PWA MAY COLLECT, USE AND DISCLOSE TO ANY THIRD PARTY ANY AND ALL PARTICULARS RELATING TO MY/OUR PERSONAL INFORMATION FOR THE PURPOSES OF (I) PROVIDING THE REQUESTED SERVICES, (II) BILLING AND ACCOUNT MANAGEMENT (INCLUDING DEBT COLLECTION OR RECOVERY); (III) CONDUCTING SURVEYS OR OBTAINING FEEDBACK; (IV) INFORMING ME / US OF THEIR OR THEIR RELATED ENTITIES' AND BUSINESS AFFILIATES' SERVICES AND OFFERS (UNLESS I/WE DULY INFORM YOU OTHERWISE); AND (V) COMPLYING WITH ALL APPLICABLE LAWS AND REGULATIONS, AND BUSINESS REQUIREMENTS. FURTHERMORE, I/WE AUTHORIZE THE CITY AN ITS VENDORS TO CONTACT ME/US BY ANY MEANS AVAILABLE NOT LIMITED BY CELL, TEXT OR EMAIL.

DUE DATE FOR BILLING IN ON THE 15TH OF EACH MONTH. ON THE 16TH, A \$20 PENALTY IS CHARGED.

I/WE UNDERSTAND THAT SHOULD THE CPWA HAVE TO DISCONNECT MY SERVICE DUE TO NON-PAYMENT A RECONNECT FEE OF \$50.00 WILL BE CHARGED. THE TOTAL BILL AND RECONNECT FEE MUST BE PAID IN FULL. *SHOULD I/WE TURN THE WATER BACK ON THAT HAS BEEN TURNED OFF FOR NON-PAYMENT, I/WE WILL BE ISSUED A CITATION FOR METER TAMPERING. AS WELL AS THE RECONNECT FEE AND ANY OURSTANDING PAYMENT BEFORE WATER IS TURNED BACK ON.*

X _____
APPLICANT SIGNATURE

DATE

X _____
SPOUSE OR CO-APPLICANT SIGNATURE

DATE

FOR INTERNAL USE ONLY - Customer # _____ **Security Deposit \$** _____ **CS Rep** _____