

LOS MOLINOS COMMUNITY SERVICES DISTRICT

APPLICATION FOR RESIDENTIAL WATER SERVICE

LMCSD IS AN EQUAL OPPORTUNITY PROVIDER

CUSTOMER NAME _____ SERVICE START DATE _____

CUSTOMER NAME #2 _____

PROPERTY OWNERS NAME _____

BILLING ADDRESS _____ CITY _____ ZIP CODE _____

PROPERTY ADDRESS _____ CITY _____ ZIP CODE _____

PHONE # _____ CELL PHONE # _____

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 District's 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 sir name. **Please answer each of the following questions?**

What is your race? _____ American Indian or Alaska Native _____ Asian _____ White
_____ Black or African American _____ Native Hawaiian or Other Pacific Islander

What is your Ethnicity? (National Origin) _____ Hispanic or Latino _____ Not Hispanic or Latino

I do not wish to provide this information. _____ Initial _____ Estimated by _____

APPLICANT AGREEMENT: I AGREE TO BE FULLY RESPONSIBLE FOR ALL WATER AND RELATED CHARGES ASSESSED TO ME AT THE ABOVE NOTED PROPERTY, AND TO COMPLY WITH ALL FEDERAL AND STATE LAW, AND THE RULES AND REGULATION WHICH HAVE BEEN ESTABLISHED FROM TIME TO TIME BY THE DISTRICT. FURTHER, I AGREE, AS A CONDITION PRECEDENT TO THE FURNISHING OF WATER, THAT THE DISTRICT SHALL HAVE THE RIGHT, AFTER GIVING REASONABLE NOTICE, TO SHUT OFF THE WATER SUPPLY FOR REPAIRS, EXTENSIONS, NONPAYMENT OF RATES, OR FOR ANY OTHER REASON RELATING TO THE OPERATION OF THE WATER SYSTEM.

X _____

APPLICANT SIGNATURE

DATE

X _____

APPLICANT SIGNATURE

DATE