

**Del Rey Community Services District**

10649 E. Morro Drive

P.O. Box 186

Del Rey, CA 93616-0186

Phone: (559) 888-2272 / Fax: (559) 888-1010

**Water and/or Sewer Connection Permit**

Application is hereby made for: ☐ RESIDENTIAL ☐ COMMERCIAL ☐ CONSTRUCTION

Services address: \_\_\_\_\_ Account #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Registered Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Service to begin on:** \_\_\_\_\_

*Due to Ordinance No. 1996-3 an initial deposit is required at the time of opening a water/sewer/garbage accounts for specific premises by either the Owner or Tenant. The initial deposit shall be in the amount of two month's water/sewer/garbage charge effective for specific premises and as determined from time by the District resolution or Ordinance.*

*I hereby understand that per the District's Ordinance No. 1981-3 and 1983-1, each services unit will be assessed the current monthly rate for the services provided. The monthly charges are billed in advance and become delinquent by the end of the month. If the account is not paid, the account will be subject to disconnection of services. The District also reserve the right to place any delinquent amounts on the Assessors' Tax Roll as a lien against the property.*

**Construction:**

*\$400.00 deposit is required for the fire hydrant meter. Deposit will be refunded when the meter is returned.*

Construction Site

Location: \_\_\_\_\_ City: \_\_\_\_\_

Type/location of service connection: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Meter Reading: \_\_\_\_\_ Completion: \_\_\_\_\_ 0

Total Volume Used: \_\_\_\_\_ X \$0.84/100 Cubic Feet

Total amount due: \_\_\_\_\_ Please refer to the attached map for the location of the hydrant. Use only those hydrant located on a corner. Do not leave meter on hydrant overnight.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver License/Identification No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**OFFICE USE ONLY**

Deposit Paid  Date Paid  ☐ CASH ☐ CHECK #

**Deposit Refunded:**

☐ YES ☐ NO ☐ PARTIAL, if PARTIAL REASON: \_\_\_\_\_

Date:  Amount \$  - Check #