



DEPARTMENT OF WATER (DWP)

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WATER SERVICE APPLICATION

MUST BE FILLED OUT AND SIGNED BY OWNER AND RENTER OF PROPERTY

SERVICE ADDRESS: _____

OWNER NAME: _____

CO-OWNER/PARTNER NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #:() _____

PLEASE CHECK APPROPRIATE BOX BELOW:

- Please send the billing to my renter, and **require** a deposit. (See deposit rate below)
- Please send the billing to my renter, and **waive** the deposit. I accept ultimate responsibility for my renter's unpaid water bills.

DEPOSIT RATE FOR RENTERS

Residential Accounts\$200 (Or Letter of Credit showing 1 yr. good credit history with another utility)
Business Accounts\$200 (Minimum or twice the Business' Average Monthly Bill)

The deposit will be refunded with interest at the closing of this account or after one year of good payment record.

I request to have water service transferred at the above service address. A \$10 transfer fee will be assessed on each new account. **It is understood that once the renter vacates this property or the renter's water service is discontinued, a new account will automatically be established in my name and all water charges incurred from that date forward will be my responsibility.**

OWNER'S SIGNATURE: _____ **DATE:** _____

IF DEPOSIT IS REQUIRED BY OWNER -FULL DEPOSIT MUST BE PAID BEFORE START DATE

RENTER'S NAME: _____ PHONE #:() _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____ PHONE #:() _____

SOCIAL SECURITY #: _____ DRIVER'S LIC. #: _____

RENTER'S SIGNATURE: _____ **START DATE:** _____

FOR OFFICE USE ONLY

ENTERED BY: _____ TRANSFER FEE: _____ CLOSING BILL AMT: _____ ADJUSTED AMOUNT: _____ ROUTE #: _____

RETROFIT CERTIFICATE: _____ CLOSING DATE: _____ WORK DATE: _____ ACCT #: _____ PACKET: _____