LASSEN COUNTY WATERWORKS DISTRICT NO. 1

P.O. Box 363 • Bieber, CA 96009 • (530) 278-6476 • info@lcwd1.org

APPLICATION FOR NEW WATER AND/OR SEWER SERVICE

Date:

1. APPLICANT / PROPERTY OWNER INFORMATION

Property Owner Name (must match recorded owner):

Mailing Address:

City, State, Zip: Phone:

Email Address:

2. PROPERTY / SERVICE LOCATION INFORMATION

Service Address / Location:

Assessor's Parcel Number (APN): City: Bieber, CA 96009

3. BILLING ADDRESS

Billing Address:

City, State, Zip:

4. EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Phone Number: Relationship:

5. BACKFLOW PREVENTION REQUIREMENTS

All accounts are subject to the District's Cross-Connection Control Ordinance 88-1 and the California Cross-Connection Control Policy Handbook (CCCPH). A backflow prevention assembly may be required depending on the use and hazard classification. The property owner is responsible for installation, testing, and maintenance of any required backflow prevention assembly.

The District strongly encourages the installation of a check valve on all services as an additional layer of protection, even when a backflow prevention assembly is not required.

6. AGREEMENT & ACKNOWLEDGMENT

By signing below, the Applicant / Property Owner agrees to:

- Pay all applicable charges, deposits, and fees as established by the District.
- Comply with all District rules, regulations, ordinances, and policies now in effect or hereafter adopted.
- Install and maintain any required backflow prevention device(s) in accordance with District and State requirements.
- Allow District personnel reasonable access to the property for inspection, meter reading, and maintenance.
- Be responsible for all piping, plumbing, and appurtenances on the customer side of the meter.
- Notify the District immediately of any changes in ownership, tenancy, or contact information.

I understand that this application does not guarantee service and that service is subject to District capacity, compliance with all requirements, and payment of all applicable fees and charges.

APPLICANT / PROPERTY OWNER SIGNATURE

Signature: _____ Date:

Print Name: Phone:

FOR DISTRICT USE ONLY

Date Received:	Account Number Assigned:
Processed By:	Service Type: ☐ Water Only ☐ Sewer Only ☐ Water & Sewer
Date:	
Notes:	