

Bella Collina Community Development District
WATER AND WASTEWATER UTILITIES POLICY MANUAL

CUSTOMER SERVICE APPLICATION FORM

THIS SECTION IS FOR DISTRICT PERSONNEL USE ONLY

Application Date _____	Time _____	AM/PM _____
Application Fee Paid: \$ _____	Connection Fees Paid: \$ _____	AFPI Charges Paid: \$ _____
Date Paid: _____	Date Paid: _____	Date Paid: _____
Check #: _____	Check #: _____	Check #: _____
Grinder Pump Fee Paid: \$ _____	Meter Install Fees Paid: \$ _____	Water Meter Size: _____
Date Paid: _____	Date Paid: _____	Irrigation Meter Size: _____
Check #: _____	Check #: _____	Lot Acreage: _____

TOTAL AMOUNT DUE: \$ _____

District Account # Given: _____

Anticipated Service Turn On Date: _____

Name of Person Taking Application: _____

Name of Person Receiving Payment: _____

Service Address: _____

Lot # or Legal Description (If No Address): _____

Applicant Info: (If a Business Please Provide Information for Authorized Representatives)

Name of Applicant: _____

Name of Authorized Representative: _____

Billing Address: _____ City/State: _____ Zip: _____

Telephone Numbers: Work: _____ Home: _____ Cell: _____

Drivers License Number (or) _____

Social Security Number (or) _____

Other I.D. (If above not available) _____

Name of Employer: _____

Employer Address: _____ City/State: _____ Zip: _____

Employer Telephone: _____

Previous Home Address: _____ City/State: _____ Zip: _____

How Long at Previous Address? _____ Yrs. _____ Months

If there is anyone other than yourself who is authorized to be contacted and/or make decisions concerning utility service please list this person(s) name, their relationship (relative, employee, etc.) to you, and their contact numbers.

Name: _____

Relationship: _____

Contact #s: _____ Wk _____ Hm _____ Cell _____

In the event of an emergency, planned service interruption or discontinuance of service for nonpayment, is there anyone you wish to be contacted should the District not be able to contact you for any reason? If so, please list the emergency contact's name, their relationship to you and their contact numbers:

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Name: _____
Relationship: _____
Contact #s: _____ Wk _____ Hm _____ Cell _____

If the service address is a rental property, below please provide the name of the owner, the owners address and contact number

Owner Name: _____
Owner Address: _____

Contact #s: _____ Wk _____ Hm _____ Cell _____

NOTE: The Customer or authorized representative of a Customer must be present when service is turned on. This requirement is to help prevent possible water damage from faucets, etc. accidentally left in the open position. If District personnel are unable to turn the water on because of water registering at the meter and you or your authorized representative were not present at the initiation of service, additional charges may be applied to your account for rescheduling at another time. Additionally, when service is turned on, please have the District's personnel point out the location of the Shut-Off Valve and remember the location of same for your future use. Below, please indicate the best time to establish service when someone will be present at the service address which time the District will endeavor but not guarantee to accommodate:
_____.

PROSPECTIVE CUSTOMERS ARE ADVISED THAT IN ADDITION TO A MONTHLY USAGE FEE FOR WATER, WASTEWATER AND/OR IRRIGATION QUALITY WATER SERVICE, THERE MAY BE ADDITIONAL FEES CHARGED TO ESTABLISH A UTILITY CONNECTION TO THE SERVICE ADDRESS, TO INSTALL A METER BOX AT THE SERVICE ADDRESS, AND OTHER CHARGES AND FEES IMPOSED IN CONNECTION WITH OTHER MISCELLANEOUS SERVICES PROVIDED BY THE DISTRICT WHICH SHALL BE BILLED AND PAID IN ACCORDANCE WITH THE 'WATER UTILITIES POLICY MANUAL' ADOPTED BY THE DISTRICT'S BOARD OF SUPERVISORS. A COPY OF THIS MANUAL SHOULD BE PROVIDED UPON PAYMENT OF THE APPLICATION FEE AND SHOULD BE READ AND UNDERSTOOD FULLY BEFORE ENGAGING THE DISTRICT'S UTILITY SERVICES.

APPLICANT'S SIGNATURE: _____

CO-APPLICANT'S SIGNATURE: _____

If Married Spouse must sign as Co- Applicant