



530-336-5263 FAX: 530-336-5922

OWNER ACCOUNT APPLICATION

Residential Commercial (circle one)

Deposit Amounts: **Water \$100** **Sewer \$50** Paid N/A

New Customer? Yes No

First & Last Name: _____

Mailing Address: _____ Zip Code _____

Phone: _____ Cell _____ Work: _____

E-mail: _____

Property Address: _____ Zip Code _____

(List additional properties on the back)

Number of dwellings on property _____

Is there a well on the property? Yes No If Yes, do you have a backflow device? Yes No

Is this a rental? Yes No Send bill to current renter? Yes No

Would you like to enroll in Paperless billing at the E-mail address above? Yes No

[Sign up for online account services, and view our customer policy and rates at www.FRVCSO.org](http://www.FRVCSO.org)

By signing I acknowledge that I have read and understand the FRVCSO customer policy and agree to the terms and conditions therein. I understand that I am responsible for all charges incurred at this address.

Signature of Customer: _____ Date _____ / _____ / _____

To be answered by Customer:

The following information is requested by the Federal Government and will not be used to evaluate your application or to discriminate against you in any way. You are not required to provide this information, but it does assist us when applying for Federal funding opportunities to ensure that all members of disadvantaged communities like ours are adequately served and respected.

Ancestry or Cultural Origins of Applicant (Check One):

____ American Indian/Alaskan Native ____ Asian ____ Black or African American

____ Native Hawaiian or Other Pacific Islander ____ White ____ Other ____ Two or more

Ethnicity: ____ Hispanic or Latino ____ Not Hispanic or Latino

Gender: ____ Male ____ Female ____ Other

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

Completed by The District: Srvc Acct #: _____ Customer Acct# _____ Effective Dt: ____ / ____ / ____

Additional Properties Owned

Property Address: _____ Zip Code _____

Number of dwellings on property _____

Is there a well on the property? **Yes No** *If Yes, do you have a backflow device?* **Yes No**

Is this a rental? **Yes No** Send bill to current renter? **Yes No**

Property Address: _____ Zip Code _____

Number of dwellings on property _____

Is there a well on the property? **Yes No** *If Yes, do you have a backflow device?* **Yes No**

Is this a rental? **Yes No** Send bill to current renter? **Yes No**

Property Address: _____ Zip Code _____

Number of dwellings on property _____

Is there a well on the property? **Yes No** *If Yes, do you have a backflow device?* **Yes No**

Is this a rental? **Yes No** Send bill to current renter? **Yes No**

Property Address: _____ Zip Code _____

Number of dwellings on property _____

Is there a well on the property? **Yes No** *If Yes, do you have a backflow device?* **Yes No**

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Property Address: _____ Zip Code _____

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Is there a well on the property? **Yes No** *If Yes, do you have a backflow device?* **Yes No**

Is this a rental? **Yes No** Send bill to current renter? **Yes No**