RALEIGH WATER DISTRICT

APPLICATION FOR WATER SERVICE

Date:		
Name:	Development Name:	
Street Address:	Tax Lot ID No.:	
Service request is for:	_ResidentialCommercial	
Type of connection applied for:		
Single Family Multi Family Subdivision connection	Fire Line Water main extension Irrigation Line	
Size of service/tap requested: $3/4$ " 4" 1" 6" 1 1/2" 8" 2" 10"	Size of <u>meter</u> requested: 5/8"x3/4" 1" 1 1/2" 2" other	
Number of units to be served per connec		
	District Manager Date	
***********	**************************************	***
Installation Fee: SDC: Credit: Total Due:	\$ \$ \$\$	
Signed by:		
	District Manager	
Date placed in service:		
Meter Serial No.:	Account No.:	
Meter reading at installation:		

GENERAL POLICY STATEMENTS

- 1. All hook-up fees shall be paid to Raleigh Water District prior to service installation.
- 2. The cost of all materials, labor, and equipment incurred to tap water main and run service to the property, and associated system development charges, is the responsibility of the applicant.
- 3. Meters shall be located in the public right of way at the property line.
- 4. All charges due to the Raleigh Water District will be paid prior to the water being turned on.
- 5. All connections to the Raleigh Water District System will be inspected by the District prior to the trench being backfilled.
- 6. A 24-hour advance notice shall be given for all inspections or installations.
- 7. I understand all water connections are subject to the Raleigh Water District Rules and Regulations, and Construction Standards.
- 8. The District does not in any manner guarantee continuous delivery of water on demand nor does it assume any responsibility for damages which may occur due to an interruption of water delivery.
- 9. Property owner acknowledges that actual system flows are not guaranteed to be what modeled flows were.
- 10. I fully understand that if the water service is to be connected to any water source other than the District's, appropriate cross connection protection must be provided at owner's expense. I further understand that I must comply with the Oregon Health Division and Districts "Cross Connection Control Requirements".

Date

Applicant's Signature

Property Owner of Record

Address

Telephone Number