

BULK WATER SERVICE AGREEMENT

CALLAYOMI COUNTY WATER DISTRICT
21282 Stewart Street / PO Box #92
Middletown, CA 95461
Phone: (707) 987-2180 / Fax: (707) 987-0779
Email: ccwdoffice@att.net

Start Date: _____

Account #:

Name of Applicant(s): _____

Mailing Address: _____

Physical Address: _____

Phone #: (____) ____ - _____ **Email (REQUIRED):** _____

Gallons per Month Requested (at 1% Monthly Capacity Surplus Charge):

5,000 (\$5) 10,000 (\$10) 20,000 (\$20) 50,000 (\$50)* 100,000 (\$100)*

*Requests for greater than 20,000 gallons per month granted upon approval of credit; requests for greater than 100,000 gallons per month granted upon credit approval and limited to project.

____ *I understand I can only decrease the monthly allotment between June 1st-25th annually.*

Authorized Vehicle/Vessel(s) Info:

Make/Model/Color	Gallons/Size	License Plate #

Driver List

I hereby apply for bulk water service, and I agree to use and pay therefore in accordance with the current rates, rules, and regulations and any further amendments thereto established by the Callayomi County Water District.

____ **I have received a copy of the Bulk Station Instructions and Rules and Regulations.**

____ **I understand that my access number will be deactivated if I am in default, according to the Bulk Water Rules and Regulations.**

Signature: _____