

## **Check List for Hydrant Meter Rental**

Instructions for completing forms for a Hydrant Meter

☐ Verify hyd	rant location with staff	
☐ Customer S	Service Application	
•	•	be on CCSUD water account. (If you are not account and CCSUD will not be able to speak you may have.)
☐ Standard S	ervice Agreement	
☐ Photo ID's		
•	Must include all photo IDs for anyone liste Acceptable proof of IDs include: Driver Lie Stated passport, foreign passport, or current	cense, identification certificate, current United
	Fees	
	Non- refundable Rental fee \$500	• Admin Fee \$50
[·	• Deposit \$1,600	

In order to protect Crystal Clear Special Utility District (CCSUD) and CCSUD Customers and or CCSUD Potential/Prospective Customer, any and all agreements for services and work will be required to be in writing. This includes but not limited to any/all line/system extensions and line/system upgrades/ improvements, regardless of the amount of the costs to the CCSUD Customers and/or CCSUD Potential/Prospective Customers. CCSUD does NOT and will NOT honor any alleged verbal agreements in regards to any/all projects/upgrades. All applications/agreements must include proper documentation and signatures of all parties involved or they will NOT be considered valid.

Please call Crystal Clear Special Utility District if you have any questions concerning this information, office hours Monday – Friday 7:00AM to 5:00PM.



## **Customer Service Application**

Please Print:	Date:
Applicant or Company Name:	
Service Location/Address:	
Billing Contact	
Billing Name:	
Billing Address:	
Email Address:	
Check One: ☐ Paper Bill ☐ E-Bill ☐ Both	
Phone: Home () Driver License No: _	
Cell ()	
Construction Contact Name of on-site contact person:	
Phone: Home ()	
Cell ()	
What will be the primary usage of water? $\square$ Residential $\square$ Commerc	ial □ Irrigation □Other
Effective Date:	
Signature	Date
The following information is requested by the Federal Government in order to monitor discrimination against applicants seeking to participate in this program. You are not reencouraged to do so. This information will not be used in evaluating your application However, if you choose not to furnish it, we are required to note the race/national original observation or surname.	equired to furnish this information, but are or to discriminate against you in any way.
Ethnicity: ☐ Hispanic or Latino ☐ Not of Hispanic or Latino  Race: ☐ White ☐ Black or African American ☐ American Indian/Alaskan ☐ Asian ☐ Native Hawaiian or Other Pacific Islander  Gender: ☐ Male ☐ Female	native



## **Standard Service Agreement**

AGREEMEN	NT made this	day of	, 20	_ between Crystal Clear Special
				as (hereinafter called the District)
				reinafter called the Applicant).
reserve service	ce from the Distr		the Rules and Reg	icant shall purchase, receive, and/orgulations of the District as amended
Regulations a Applicant acl	and upon the term knowledge hereo	ns and conditions set	forth therein, a cop agreement. A copy	ed by the District's Rules and y of which can be requested, of this agreement shall be
meter and/or service to only one property	wastewater conn ly one (1) dwellin	nection is for the sole ing or one (1) business	use of the Applican s. Extension of pipe	nd installed by the District. The at or customer and is to provide $e(s)$ to transfer utility service from er persons, dwellings, businesses, o
there is a sho the District's with the term water meter t	ortage of water, the Rules and Regulas as of said program	ne District may initiate lations. By execution n. The Applicant shale, including any custo	e the Emergency C of this agreement, I install at their own	all the Customers, or in the event onservation Program as specified in the Applicant hereby shall comply in expense, a service line from the on valves and other equipment as
caused by ser	rvice interruption	ns due to water line br	eaks by District of	om any and all claims for damages like contractors, tampering by other events beyond the District's
purpose of pr replace, upgr	roviding reasonal rade, parallel, ins	ole rights of access an pect, test and operate	d use to allow the l any facilities neces	c(s) dedicated to the District for the District to construct, maintain, sary to serve the Applicant as well g or future Customers.
charges due of all deposit fe	on any account fo es against any ba	or which said Applica llance due the District	nt is a Customer. S . Liquidation of sai	yment of all other rates, fees, and aid guarantee shall pledge any and d deposit fees shall give rise to ct's Rules and Regulations.



XBy execution hereof, the Applicant takes full remeter rented location. Applicant understands that it is their respit from being damaged by weather and/or removed or locked to unauthorized water consumption. If the meter is damaged for the hydrant, failure to remove or properly winterize the meter in from unauthorized consumption, I accept that I will be charged for the water consumption charges and service fees as applicable.	ponsibility to remove the meter to prevent o prevent theft of the meter and/or failure to properly secure the meter to the eezing temperatures, or there is
By execution hereof, the Applicant agrees that non-compliance Applicant shall constitute denial or discontinuance of service u to the satisfaction of the District.	
Any misrepresentations of the facts by the Applicant on any of discontinuance of service pursuant of the terms and conditions	
When the fire hydrant meter is no longer needed, a written required Department to have the meter removed and the account closed.	
State Law Requirement: When filling a non-potable container or truck, there must be an	a air gap, twice the diameter of the fill pipe.
Signature	Date
Signature	Date



Non-Discrimination Statement

\*This Institution is an Equal Opportunity Provider and Employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <a href="http://www.ascr.usda.gov/complaint\_filling.cust.html">http://www.ascr.usda.gov/complaint\_filling.cust.html</a>, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, By fax (202) 690-7442, or email at <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.

	District Use Only	
	□ New Service □ Re-Install	
Application Taken By:		
Account Number:		
Amount Paid:		
Date Paid:		
$\square$ D.L.	☐ Customer Service Application	
	Standard Service Agreement	
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