

Check List for Hydrant Meter Rental

Instructions for completing forms for a Hydrant Meter

☐ Verify hyd	rant location with staff				
☐ Customer S	Service Application				
•	To include all person(s) that need/require to be on CCSUD water account. (If you are not on the application, you will not be on the account and CCSUD will not be able to speak with you regarding any questions/concerns you may have.)				
☐ Standard S	ervice Agreement				
☐ Photo ID's					
•	Must include all photo IDs for anyone listed on the Customer Service Application Acceptable proof of IDs include: Driver License, identification certificate, current United Stated passport, foreign passport, or current United States military identification.				
	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 ()	Oriver License No:
Cell ()	
Construction Contact Name of on-site contact person:	
Phone: Home ()	
Cell (
	lential □ Commercial □ Irrigation □Other
Effective Date:	
Signature	Date
discrimination against applicants seeking to participate in this encouraged to do so. This information will not be used in eva	nment in order to monitor compliance with Federal laws prohibiting program. You are not required to furnish this information, but are luating your application or to discriminate against you in any way. ote the race/national origin of individual applicants on the basis of
Ethnicity: ☐ Hispanic or Latino ☐ Not of Hispanic or Race: ☐ White ☐ Black or African American ☐ Ame☐ Asian ☐ Native Hawaiian or Other Pacific Gender: ☐ Male ☐ Female	rican Indian/Alaskan native



Standard Service Agreement

AGREEMI	ENT made this	day of	, 20	_ between Crystal Clear Special
				as (hereinafter called the District)
and (Applie	cant)		(he	ereinafter called the Applicant).
reserve ser	vice from the Distr		the Rules and Reg	icant shall purchase, receive, and/or gulations of the District as amended
Regulation Applicant a	as and upon the term acknowledge 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, y of this agreement shall be
meter and/o service to o one propert	or wastewater connonly one (1) dwellin	nection is for the sole ong or one (1) business	use of the Applicar Extension of pipe	and installed by the District. The not or customer and is to provide $e(s)$ to transfer utility service from er persons, dwellings, businesses, or
there is a sl the District with the ter water mete	hortage of water, the t's Rules and Regul rms of said program	ne District may initiate lations. By execution m. The Applicant shalle, including any custo	e the Emergency C of this agreement, I install at their ow	all the Customers, or in the event onservation Program as specified in the Applicant hereby shall comply n expense, a service line from the on valves and other equipment as
caused by s	service interruption	ns due to water line br	eaks by District of	om any and all claims for damages like contractors, tampering by other r events beyond the District's
purpose of replace, up	providing reasonal pgrade, parallel, ins	ble rights of access an pect, test and operate	d use to allow the lany facilities neces	t(s) dedicated to the District for the District to construct, maintain, sarry to serve the Applicant as well g or future Customers.
all deposit	e on any account for fees against any ba	or which said Applica alance due the District	nt is a Customer. S . Liquidation of sai	yment of all other rates, fees, and aid guarantee shall pledge any and id deposit fees shall give rise to ct's Rules and Regulations.



XBy execution hereof, the Applicant takes full res					
meter rented location. Applicant understands that it is their response	-				
it from being damaged by weather and/or removed or locked to p					
unauthorized water consumption. If the meter is damaged for fa	ilure to properly secure the meter to the				
hydrant, failure to remove or properly winterize the meter in free	ezing temperatures, or there is				
unauthorized consumption, I accept that I will be charged for the	e repair and/or replacement, including any				
water consumption charges and service fees as applicable.					
By execution hereof, the Applicant agrees that non-compliance v	with the terms of this agreement by said				
Applicant shall constitute denial or discontinuance of service un	til such time as the violation is corrected				
to the satisfaction of the District.					
Any misrepresentations of the facts by the Applicant on any of the	he pages of this agreement shall result in				
discontinuance of service pursuant of the terms and conditions o	f the District's Rules and Regulations.				
When the fire hydrant meter is no longer needed, a written reque	est must be given to the Utility Billing				
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	ir gap, twice the diameter of the fill pipe.				
Signature	Date				
~-6	2.00				
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 http://www.ascr.usda.gov/complaint_filling.cust.html, 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 program.intake@usda.gov.

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