



**UNION PUBLIC UTILITY DISTRICT
339 MAIN STREET
MURPHYS, CA 95247-9626
PHONE (209) 728-3651**

APPLICATION FOR EXISTING WATER SERVICE TRANSFER

Owner Name: _____

Account #: _____

Telephone (Home): _____ (Cell): _____

Email: _____

Mailing Address: _____

Service Address: _____

Type of Service: Single Family Residence Multi-Family Residence
 Commercial Irrigation

Lot # _____ APN _____ SUBDIVISION _____

Contact Name (if different then above): _____

Contact Phone (Home): _____ (Cell): _____

*Is this parcel currently served by a private well, untreated water, or has a possible source of contamination? No ___ Yes ___ (If so, please explain):

I, the undersigned, do assume responsibility for, and guarantee payment of, all water bills incurred at the above address until I have given official notice to the UPUD Billing Office to discontinue service. I understand that as soon as the account is transferred into new ownership, I must begin payment on the service. I agree to comply with all rules, regulations, procedures, and ordinances related to water service as established by UPUD. I further agree to pay all water bills promptly within 30 days from the date the bill is mailed. Should my water bill become delinquent, I am aware that my water service may be temporarily interrupted until the bill and any delinquent and penalty charges are paid. All new construction requires inspection of fire sprinkler system by Operations Manager.

X \$25 New Account Fee will be added to the first monthly bill.

ALL ACCOUNTS ARE DUE AND PAYABLE UPON RECEIPT

APPLICANT'S SIGNATURE

DATE

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DATE

FOR DISTRICT USE:

CONNECTION: DOMESTIC _____ IRRIGATION _____ COMMERCIAL _____

CONNECTION DATE _____

METER NUMBER _____

METER SIZE _____

TYPE _____

READING _____

LOCATION _____

OPERATIONS MANAGER

ROUTE/SERVICE _____

CUSTOMER # _____

MASTER LOC # _____

Backflow (BF) Required? Yes _____ No _____

BF Manufacturer Type _____

BF Model _____ Size _____

BF Serial Number _____

BF Location _____

DATE

*PAID _____