

**UNION PUBLIC UTILITY DISTRICT
339 MAIN STREET
MURPHYS, CA 95247-9626
PHONE (209) 728-3651 FAX (209) 728-0211**

APPLICATION FOR WATER SERVICE

OWNER NAME: _____

APPLICANT NAME (If different than above): _____

TELEPHONE: Day/_____ Evening/_____

Email: _____

MAILING ADDRESS: _____

SERVICE ADDRESS: _____

LOT # _____ APN# _____ SUBDIVISION _____

Note: Signature below accepts fees and charges stated on Request for Water Service Form attached. All new construction requires inspection of fire sprinkler system by District Manager.

\$25 New Account Fee _____

ALL ACCOUNTS ARE DUE AND PAYABLE UPON RECEIPT

APPLICANT'S SIGNATURE

UNION PUBLIC UTILITY DISTRICT

DATE

DATE

FOR DISTRICT USE: CONNECTION: DOMESTIC _____ IRRIGATION _____ COMMERCIAL _____

CONNECTION DATE _____

ROUTE / SERVICE _____

METER NUMBER _____

CUSTOMER # _____

METER SIZE _____

MASTER LOC # _____

TYPE _____

Backflow (BF) Required? Yes No

READING _____

BF Manufacturer Type _____

LOCATION _____

BF Model _____ Size _____

BF Serial Number _____

BF Location _____

PAID \$ _____ CHECK # _____

New Meter Book Page New Customer Pkg Sent