



Humboldt Bay Municipal Water District
 PO Box 95, Eureka CA 95502-0095
 Telephone (707) 443-5018 • Email: billing@hbmwd.com

Application for Water Service

Date to Start Service: _____

Name _____ Social Security No. _____
 (Please Print or Type Legibly)

Co-Applicant _____ Co-Applicant Social Security No. _____
 (Please Print or Type Legibly)

Service Address _____

Mailing Address _____

Email Address _____ DL No./State _____

Cell Ph. No. _____ Home/Alternate Ph. No. _____

Property Owner _____ Owner Ph. No. _____

Employer _____ Work Ph. No. _____

In the event of an emergency, such as a pipeline leak or other unforeseen occurrence, we may need to notify your household immediately. Please indicate below any additional contact information that would be helpful.

Contact Person: _____ Phone Number: _____

A one-time, non-refundable processing fee of \$30 is required on ALL retail service connections to Humboldt Bay Municipal Water District lines.

\$30.00 - Water Payment _____ Cash _____ Check # _____ Date: _____

I understand it is my responsibility to notify the District immediately when I vacate this property.
 (Initials)

Charges are due when the bill is received. I agree to make prompt payments for water service. I understand that my service will be terminated for non-payment and I will be charged a service charge of \$50 when re-establishing water service.

I grant the right of ingress and egress to the District for maintenance purposes and meter reading.

I understand that the District will not be responsible for any damages on my property arising out of low or high pressure conditions or interruptions of service.

I understand it is my responsibility to notify the District immediately when I vacate this property.

 Signature of Applicant

 Signature of Co-Applicant

 Date

 Date

For Office Use Only

- Document has been scanned and attached to account
- This account is **WITHIN** the Fairhaven Distribution Grid