

**Humboldt Bay Municipal Water District  
Application for Water Service**

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

Employer \_\_\_\_\_ Address \_\_\_\_\_ Work Phone No. \_\_\_\_\_

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

Employer \_\_\_\_\_ Address \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Property Owner \_\_\_\_\_

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.

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 \$25 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

**Rate Tables On The Following Page**

***For Office Use Only***

Check appropriate box –

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