



Application for Residential Service

Applicant: _____ Date of application _____
 Co-Applicant: _____ SSN _____
 Billing Address: _____ SSN _____
 Telephone Number: _____ Alternate Number: _____

Please note that Moapa Valley Water District has partnered with Online Utility Exchange for identification verification.

Existing Service Only

Property Owner _____ Renter _____
Copy of ownership verification or authorization from property owner must be attached!

Service Address _____
 Size of Meter _____ Meter # _____ EIN _____ Location _____ Date _____

Beginning Meter Read _____ Backflow Preventer? _____ Yes _____ No _____

Date Service Desired _____

Has the water service been paid for through the date of this application (I.E. all previous bills owing and bill calculated for final service?) _____ Yes _____ No _____

* When a serviced property changes legal ownership it becomes the responsibility of the new owner to make **IMMEDIATE** payment of all the charges to date due and owing by the previous owner if service to property is expected to be restored or to continue uninterrupted; otherwise, service to property will be discontinued.

*** The property owner acknowledges that if a renter leaves with a balance owing on an account, then the owner of the property will become immediately responsible for payment of the account before service can be restored. _____ Property Owner's Initials Required

Is there a well on the property? _____ Yes _____ No _____

Notes: _____

RESIDENTIAL RATE CLASSES				
	R2	R3	R4	R5
METER SIZE	¾" - 1"	¾" - 1"	1 ½"	2"
NUMBER OF SF UNITS	1	2	3	4 OR MORE
SERVICE CHARGE	29.79	45.01	79.44	113.64
VOLUME CHARGE PER 1000 GALLONS				
VOLUME CHARGE -BLOCK 1	\$2.14	\$2.14	\$2.14	\$2.14
VOLUME CHARGE -BLOCK 2	\$2.37	\$2.37	\$2.37	\$2.37
VOLUME CHARGE -BLOCK 3	\$2.60	\$2.60	\$2.60	\$2.60
USAGE - BLOCK 1	8,000	8,000	8,000	8,000
USAGE - BLOCK 2	42,000	42,000	42,000	42,000
EXCESS USAGE - OVER	50,000	50,000	50,000	50,000

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, **if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.**

Applicant: _____ I do not wish to furnish this information	Co Applicant: _____ I do not wish to furnish this information
Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino	Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino
Race: _____ American Indian or Alaska Native _____ Asian _____ Black or African American	Race: _____ American Indian or Alaska Native _____ Asian _____ Black or African American
_____ Native Hawaiian or Other Pacific Islander _____ White	_____ Native Hawaiian or Other Pacific Islander _____ White
Sex: _____ Female _____ Male	Sex: _____ Female _____ Male

Minimum Applicable Monthly Rate	
Monthly Base Rate	_____
Backflow Prevention Program Charges	_____
THIS WILL BE YOUR <u>MINIMUM</u> MONTHLY BILL:	
<p>Charges for all water usage will be in accordance with district overage rate scale in effect at the time of usage. Changes in service or use which may pose a threat of contamination or pollution to the district distribution system under the established backflow prevention program will result in application of rates and requirements outlined by the district policy.</p> <p>All water bills are due and payable upon receipt.</p> <p>A bill will become delinquent if not paid within fifteen (15) days from the date on which the bill was mailed.</p> <p>Late charges will be calculated on the current monthly balance at the rate of 10% per month. If a monthly bill plus the late charge is not received by the district by the 24th day following the date on which the original bill was mailed then the service will be disconnected, and all accumulated charges PLUS a twenty-five dollar (\$25.00) dispatch fee must be paid prior to the service being restored.</p> <p>Failure to receive a bill does not remove responsibility for payment.</p>	
_____ Customer Signature Required	

Applicable Fees Due With Application		
Non Refundable Application Fee		\$25.00
Other Applicable Amounts Due	(Includes outstanding balances on existing service if continuation of service is desired.)	_____
TOTAL FEES DUE		_____
Cash _____	Credit _____	Check # _____
		Amount Of Payment Received _____

INFORMATION PROVIDED TO THE DISTRICT ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO THE TERMS OF THIS APPLICATION AND ACCEPT CONDITIONS OF SERVICE AS OUTLINED BY THIS APPLICATION AND THE UNDERSIGNED DISTRICT REPRESENTATIVE.

APPLICANT SIGNATURE (REQUIRED) _____
 PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE WITH THIS APPLICATION

DISTRICT REPRESENTATIVE _____