



# Application for New Water Service

Date: \_\_\_\_\_ Billing Preference: Paper-less/ Email Paper/Mailed Both

Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

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

Property Owner: \_\_\_\_\_ APN: \_\_\_\_\_

**Copy of ownership verification or authorization from property owner must be attached.**

Service Address: \_\_\_\_\_ Meter Size: \_\_\_\_\_

Meter Serial #: \_\_\_\_\_ EMR: \_\_\_\_\_

N.D.O.T. Permit Required? Yes No Beginning Read: \_\_\_\_\_ Backflow: \_\_\_\_\_

FOR OFFICE USE ONLY	
Installation Date:	_____
Installed By:	_____
PSI	_____
Location:	_____

Well on the property? Yes No

Standard Service Connection	1" Service Connection
5/8" x 3/4"	1"
\$3,657.00	\$5,239.00

**QUESTIONS? Email us at [contact@moapawater.com](mailto:contact@moapawater.com)**

Residential Commercial If the service is commercial, it will be necessary for District personnel to conduct a site survey prior to service.

The property owner acknowledges that if a renter leaves with a balance owing on an account, the owner of the property will become IMMEDIATELY responsible for payment of the account before service can be restored.

Owner Initials \_\_\_\_\_

\*\*The water system shall be made up of two parts: The District's system and the customer's system. The district's responsibility typically ends at the meter and in all cases at the property line.

If it is determined, even at the time of installation, that pressure at your service connection is above 100 psi, a pressure regulator (PRV) will be installed. The PRV will be repaired by the district for a period of six (6) months from day of original activation, after which, any and all needed repairs will become the customer's responsibility. The district will not, at any time, be held responsible for damage resulting from PRV failure.

Notes: \_\_\_\_\_



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## Minimum Applicable Monthly Rate

Monthly Base Rate \_\_\_\_\_

Monthly Payment on Financed Installation / Impact Fee \_\_\_\_\_

Backflow Prevention Program Charges \_\_\_\_\_

THIS WILL BE YOUR MINIMUM MONTHLY BILL: \_\_\_\_\_

Once the meter is installed, the minimum fixed base rate is applied.

Charges for ALL water usage will be in accordance with District overage rate scale in effect at 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 District policy.

**All water bills are due and payable upon receipt.**

A bill will become delinquent if not paid within fifteen (15) days from the date on which the bill was mailed.

Late charges will be calculated on any outstanding monthly balance at the rate of 10% per month.

If a monthly bill plus the late charge is not received by the district on the 24<sup>th</sup> 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.

**Failure to receive a bill does NOT remove responsibility for payment**

**Customer Signature required** \_\_\_\_\_

### Applicable Fees Due with Application

Meter Connection Fee \_\_\_\_\_

Down Payment if Applicable \_\_\_\_\_

Financing Fee \$200.00 \_\_\_\_\_

N.D.O.T. Encroachment Permit Fee \$1,000.00 Plus traffic control costs \_\_\_\_\_

Other Applicable Amounts Due \_\_\_\_\_

**TOTAL FEES DUE** \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_ 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 \_\_\_\_\_