

# UTILITY SERVICE APPLICATION AND AGREEMENT

City of Victorville - Victorville Water District  
14343 Civic Drive, Victorville, CA 92392

Phone: 760-955-5001  
Fax #: 760-269-0023

Please print in ink or type

CustomerService@victorvilleca.gov

## Service Location

Address:

Street

Apt, Unit, or No

City

State

ZIP Code

Assessor's Parcel Number (APN):

Escrow Close Date

Move In Date

## Applicant<sup>1</sup>

Name:

Email Address:

Mailing Address:

Street

Apt, Unit, or No

City

State

ZIP Code

Identification:

State Driver License/ID Number

Professional Business Card

Telephone:

Service

Alternate

Fax

Business License Number

Expiration Date

## Property Owner - Authorized Representative/Agent

Owner Name<sup>2</sup>:

Rep/Agent Name:

Email Address:

Mailing Address:

Street

Apt, Unit, or No

City

State

ZIP Code

Identification:

Customer ID Number (if existing customer)

State Driver License/ID Number

Telephone:

Service

Alternate

Fax

Business License Number

Expiration Date

*For Office Use Only*

Account Number:

CID Number:

<sup>1</sup> If different than Property Owner, complete this section; requires copy of current authorized and executed contract/agreement, including valid signature(s) and date.

<sup>2</sup> Legal owner name as it appears on the last equalized secured property tax assessment roll, deed, or closing settlement statement.

## UTILITY SERVICE APPLICATION AND AGREEMENT

This Application and Agreement hereby requests and authorizes the City of Victorville and the Victorville Water District (“Provider”) to bill the Applicant for water, storm drainage, solid waste, and/or sanitation (sewer) utility services (“Services”) in accordance with the terms and conditions applicable to customers as may be provided for by any of the Provider’s ordinance, code, resolution, policy or other means of decision. This Agreement shall be governed by the following terms and conditions mutually agreed to by the respective parties.

1. Provider reserves the right to enter into or reject this Agreement.
2. The Owner (“Owner”) means any person, natural or legal, that has legal ownership of the parcel whose name and address appears on the last equalized secured property tax assessment roll or an owner who can otherwise provide sufficient evidence, as determined by the Provider, that he/she is the property owner of record. Owner may also mean an agent or other representative as designated and authorized by power of attorney or legal contract/agreement.
3. The Applicant is subject to all fees and rates related to the establishment and maintenance of an active account as established by the Provider.
4. All services rendered pursuant to this Application and Agreement and furnished hereunder shall be used in accordance with the ordinances, rules and regulations of the Provider.
5. This Agreement does not prevent or restrict Provider from terminating any service(s) for nonpayment of bills, fraud, or noncompliance with any applicable Federal, state or local rule or regulation.
6. The Provider shall retain title to property and infrastructure owned as defined by ordinances and resolutions as from time to time established including meters, valves, and other appurtenances. Payment of fees and charges does not transfer ownership to the Applicant.
7. Provider does not guarantee continuous delivery of services on demand, nor does it assume any responsibility or liability for damages which may occur as a result of any interruption of service. Provider assumes no responsibility for pressure regulation of water service.
8. Bills are due and payable upon receipt and are delinquent after 15 days. If the entire bill has not been paid after 30 days, the account is subject to disconnection, reconnection, deposit, and/or other fees. All fees must be paid in full prior to reconnection.
9. The total amount due must be paid by the due date indicated on the bill. A late fee will be assessed on unpaid balances. The fee may be reflected on a subsequent bill but will not relieve the Applicant of any obligation to pay the entire bill by any future due date. Provider may seek any and all remedies available to collect unpaid balances due.
10. It is the obligation and responsibility of the Applicant to notify Provider of any changes in Applicant information provided in this Application and Agreement.

*I have read, fully understand, and accept the terms and conditions of this Agreement. As evidence thereof, I have affixed my signature.*

**Applicant**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Owner, President, Officer, Tenant, or Agent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Current Schedule of Fees and Charges</b> (subject to change)		
Security Deposit	\$120.00	per account
Initial Customer Setup Fee	\$ 25.00	per account
Service Call - Regular Hours	\$ 32.00	per occurrence
Service Call - After Hours	\$ 48.00	per occurrence
Returned Payment Fee	\$ 25.00	per occurrence
Delinquency Charge		5% of unpaid balance
Administrative Lien Processing Fee	\$ 25.00	per occurrence