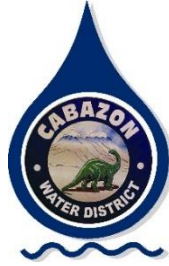


Cabazon Water District

14-618 Broadway Street • P.O. Box 297
Cabazon, California 92230

PROCEDURE FOR NEW WATER DISTRIBUTIONS

1. Fill out customer service application (deed or closing papers are required)
2. Fire Flow test (\$285.00) (Only good for 6 months)
3. Send Fire Flow results to Engineers for Will Serve letter
4. Open an account and get money for water distribution. All new accounts require a ¾ inch meter service (per County)
5. If Fire Flow does not pass, a waiver will need to be signed and notarized
6. After service is installed, collect \$50.00 deposit from customer
7. If service is established, we can open water (as long as fees, liens, etc. are paid). Some people may need to upgrade or sign waiver, depending on what they are planning to build on the lot.
8. In some cases, where water is not in the street, the customer may need to pay a \$5000.00 Engineering deposit, and may also need to pay for the piping to the service. (Could be up to \$100,000.00)



Cabazon Water District

14-618 Broadway Street • P.O. Box 297
Cabazon, California 92230

Welcome to the Cabazon Water District

All of the Cabazon Water District personnel would like to take this opportunity to welcome you to your new home, and to familiarize you with our company policy and procedures.

- 1) Our office hours are Monday through Thursday, 8:30 am to 4:30 pm.
- 2) Our office is closed on all legal holidays and weekends (consisting of Fridays, Saturdays, and Sundays), but an employee will respond to emergency situations if contacted through the emergency line.
- 3) The District reads meters around the middle of each month, and bills are always mailed out on the last District workday of the month (Example: Meters may be read around the 15th of the month, and the bills will be mailed around the 31st of the same month).
- 4) Bills are always due upon the 20th of the month.
- 5) Interest and Penalties are applied to all account balances on the 21st of each month.
- 6) Depending on your meter size, you will be charged a flat-rate monthly water charge. Water usage is charged in tiered charges per every 100 cubic feet of usage. For residences, the first 700 cubic feet are charged at the first tier rate, the following 700 cubic feet are charged at the second tier rate, and any excess after that would be at a third tier rate.
- 7) Past due amounts of \$55 or more are due around the 8th of the month (a notice will be stamped on your monthly bill, along with the specific due date).
- 8) Failure to pay your past due amount will result in a Yellow Tag notice and fee(s) several days later (usually given on the following Thursday).
- 9) At least 48 hours (minimum) after receiving a Yellow Tag notice, if the past dues have not yet been paid, a Red Tag notice (with applicable fees) will be given, and water service will be terminated. Service will not be restored until the complete account balance has been paid in full.

If you should have any questions, please do not hesitate to contact our office during normal business hours. If you should call after-hours, voicemail features are available for your convenience.



Cabazon Water District

14618 Broadway St.
PO Box 297
Cabazon, CA 92230

Bus: (951) 849-4442
FAX: (951) 849-2519

info@cabazonwater.org

Customer Application for Service: Page 1 of 3

Cabazon Water District Ordinance 22

4.1 Application for Regular Water Service

The property owner or his agent designated in writing shall make application for regular water service by personally signing an "Application for Water Service" form. Tenants may add their names to the application submitted by the owner or agent. A copy of the Application is attached on the following page.

4.2.1 Property Owner's Signature

Water service accounts are opened in the name of the property owner only. If a property owner rents the premises to a tenant, the tenant may have water service and other services turned on provided that service to the tenant be furnished on the account of the landlord or property owner and the landlord or property owner so notifies the District.

4.2.2 Owner Responsibility

Payment for delinquent and unpaid charges for water and other services remain the responsibility of the property owner.

APPLICATION FOR WATER SERVICE

I HEREBY MAKE APPLICATION FOR WATER SERVICE FOR APN # _____ LOCATED AT THE ADDRESS _____ STREET or AVENUE, CABAZON, CA 92230 AND AGREE TO PAY ALL BILLS FOR SERVICE RENDERED AT SAID PREMISES AND EFFECT OR HEREAFTER ADOPTED BY THE BOARD OF DIRECTORS OF THE CABAZON WATER DISTRICT. ITS OFFICERS, AGENTS, CONSULTANTS, AND EMPLOYEES SHALL NOT BE HELD LIABLE FOR INJURY OR DEATH TO ANY PERSON, OR DAMAGE TO ANY PROPERTY, ARISING DURING OR GROWING OUT OF THE PERFORMANCE OF ANY ACT UNDERTAKEN PURSUANT TO THIS APPLICATION FOR WATER SERVICE BY ANY APPLICANT, OWNER, OR CONTRACTOR. THE APPLICANT, OWNER, OR CONTRACTOR SHALL BE ANSWERABLE FOR, AND SHALL SAVE THE CABAZON WATER DISTRICT OR ITS OFFICERS, AGENTS, CONSULTANTS, AND EMPLOYEES HARMLESS FROM ANY LIABILITY IMPOSED UPON THE CABAZON WATER DISTRICT OR ITS OFFICERS, AGENTS, EXPERT, OR OTHER FEES AND INTEREST INCURRED IN DEFENDING ANY COURT ACTION OR PROCEEDING ARISING OUT OF ANY SUCH ACT. THE CABAZON WATER DISTRICT SHALL BE KEPT WHOLE AND HARMLESS AT ALL TIMES OF ANY CLAIMS RESULTING FROM MATTERS INVOLVING QUANTITIES, QUALITY, TIME OR OCCASION OF DELIVERY OR ANY OTHER PHASE OF THE MAINTENANCE, OPERATION, AND SERVICE OF A CUSTOMER'S WATER SYSTEM.

Property Owner's Name: _____

Social Security #: _____

Driver's License or ID #: _____

Mailing Address: _____

City, State, and Zip Code: _____

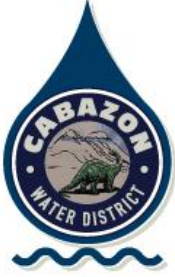
Email Address: _____ Email Bills: Paper Bills: Both:

Cell Phone #: _____ Home Phone #: _____

Signature: _____ Date: _____

Customer Application for Service: Page 2 of 3

THIS BOX IS FOR OFFICE STAFF USE



Cabazon Water District

14618 Broadway St.
PO Box 297
Cabazon, CA 92230

Bus: (951) 849-4442
FAX: (951) 849-2519

info@cabazonwater.org

Date: _____ Amount: _____

Start Service Date: _____

Receipt #: _____

Meter #: _____

Account #: _____

Service ID #: _____

Payment Type: Cash Check #: _____

Money Order #: _____

Checklist:

Copy of Driver's License/ ID

Copy of Deed

Deposit

TRUST DEPOSIT INFORMATION – SET UP FEE

AGENT or TENANT INFORMATION:

Name: _____

Cell Phone #: _____

Home Phone #: _____

Customer Signature: _____

Comments: _____

Property Owner's Signature: _____

There will be a \$20.00 non-refundable set-up fee applied to your first month's bill.

Customer's Initials: _____

Trust Deposit will be refunded/applied to existing account balance at the end of 12 months or upon the closing of the account, whichever occurs first.

Customer's Initials: _____

Customer Application for Service: Page 3 of 3



Cabazon Water District

14618 Broadway St.
PO Box 297
Cabazon, CA 92230

Bus: (951) 849-4442
FAX: (951) 849-2519

info@cabazonwater.org

PLEASE SUBMIT THE FOLLOWING ITEMS TO BEGIN THE APPLICATION PROCESS:

1. Copy of Grant Deed for Service
2. Fire Sprinkler Plans Reflecting Required Meter Size
3. Purchase Receipt of Manufactured Home Reflecting Model # and Property Address or APN
4. Manufactured Home Specifications with Fire Sprinkler Calculations for Exact Model to be Placed on Lot
5. Fire Hydrant Letter from Fire Department
6. Address Assignment from the County

Request for:

(check all that apply)

New Water Service – Meter Size: _____

- How many homes will this meter service? _____

Meter Upsize/Downsize – New Meter Size: _____

PROPERTY INFORMATION:

Project Type:

- New Stick-Built Single Dwelling
 New Manufactured Home – Year Built: _____
 Vacant Lot – No Proposed Structure
 Existing Home Adding Second Unit
 Other: _____

Fire Sprinkler System: Yes No **Well on Property:** Yes No **Water Holding Tank:** Yes No

Anticipated Construction: Start Date: _____ Completion Date: _____

Miscellaneous Information: _____

RESIDENTIAL SITE USAGE ANALYSIS:

Applicant Name

Date

Address

SITE INFORMATION:

Building/Living Area: _____
Parking (Garage): _____
Front Landscaping: _____
Back Landscaping: _____
Pool – Surface Area: _____
Other/Concrete/Hardscape Area: _____

SQUARE FEET:

TOTAL: _____

INDOOR INFORMATION:

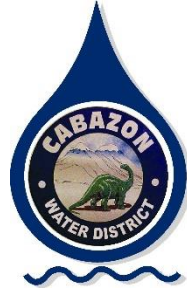
Number of Households (Number of dwelling units served by this meter):

Total Number of Persons (Total for all dwelling units):

TOTAL LOT (INDOOR and OUTDOOR) SQUARE FEET:

Important phone numbers:

1. Sheriff Station: 951-922-7100
2. Community Center: 951-922-1097
3. So. California Edison: 800-655-4555
4. SoCalGas 800-427-2200
5. Cabazon Disposal 800-755-8112
6. Dept. of Transportation 951-955-6884
7. Animal Control 951-358-7350
8. Code Enforcement 951-955-2004
9. Cabazon Water District 951-849-4442



Cabazon Water District

14-618 Broadway Street • P.O. Box 297
Cabazon, California 92230

Regarding APN: _____

To whom it may concern,

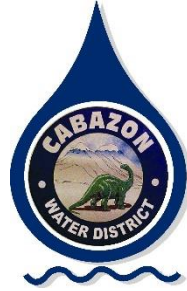
Enclosed is a customer service application, a parcel map showing where your parcel is, a Fire Flow introduction letter, and an account summary on meter sizes.

The first thing to do is fill out the application and bring it in with the required documents. At that time, you will pay for a Fire Flow test (\$285.00). We will schedule and perform the Fire Flow test, send it to our Engineers, who will in turn get a Will Serve letter to send to the County. Please note that the results of a Fire Flow test are only good for 6 months. If the new service is not installed by then, another Fire Flow test will need to be conducted (for an additional \$285.00).

As soon as the results are in, we can proceed with putting a water distribution service on the parcel.

Thank you,

Cabazon Water District
(951) 849-4442



Cabazon Water District

14-618 Broadway Street • P.O. Box 297
Cabazon, California 92230

Summary of Water Facilities Charges

This table summarizes the charges required for water service to accommodate new water connections up to and including a 2 inch water meter service:

Meter Size (inches)	Capacity Charge per Meter (\$)	Service Connection Charge per Meter (\$)	Total Charges (\$)
5/8 x 3/4	8,136	1,170	9,306
3/4	12,204	1,180	13,384
1	20,340	1,240	21,580
1 1/2	40,679	1,900	42,579
2	65,087	2,000	67,087