



Homeowners Association

Application for New Water Service

Date: _____
Members Name(s): _____
Billing Address: _____ City: _____
State: _____ Zip: _____
Service Address: _____
Division: _____ Block: _____ Lot: _____
Pacific County Tax Parcel# _____
Primary Phone: 1 _____ Phone 2: _____
Email Address#1: _____
Email Address#2: _____

Type of Service:
<input type="checkbox"/> Residential Single <input type="checkbox"/> Vacant land – R.V. Service
(All residential single services must complete a Water Use Questionnaire)
<input type="checkbox"/> Residential Multi-Family - Units: _____
<input type="checkbox"/> Commercial – _____ Gallons per Day (estimated)
<input type="checkbox"/> Industrial - _____ Gallons per Day (estimated)
Do you need fire sprinklers? Yes <input type="checkbox"/> No <input type="checkbox"/>
(All Non-Residential or Multifamily Residential services will need to provide a CCS risk assessment and install an approved backflow prevention assembly prior to connection.)

Continued on Back

Based on the information provided above Surfside HOA provided the following fees for water service:

Water Hook-up Fee \$ _____

Development Fee \$ _____

Commercial Water Hook-up Fee \$ _____

Water Main Extension \$ _____

Other \$ _____

This estimate based on information provided by the applicant and is valid for 30 days.

By _____ Date _____

Print Name _____

The undersigned applicant hereby applies for a water connection to the above described real property. The applicant represents that they are the owner(s) of the above described real property.

As a condition of Surfside providing and continuing to provide water service to the above described property, the applicant, by signing this application, agrees to comply with all provisions of Surfside's Operations Manual regarding water use.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

For Surfside Use Only

_____/_____/_____ Date fees received
_____/_____/_____ Date Water Use Survey questionnaire received
_____/_____/_____ Date risk assessment completed by: _____ (Name of CCS)
_____/_____/_____ Date customer notified of requirement to install Backflow Preventer
_____/_____/_____ Date of Water Installation
_____/_____/_____ Date Backflow Preventer installation approved
_____/_____/_____ Date Backflow Preventer test report accepted

Completed By _____ Date _____ (cc: Bus. Office)