



## 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)