

**MAMMOTH COMMUNITY WATER DISTRICT**

**PO BOX 2117, Mammoth Lakes, CA 93546**

**(760) 934-2596 billing@mcwd.dst.ca.us**

**Service Agreement**

MAMMOTH COMMUNITY WATER DISTRICT (District) is hereby requested by Owner to furnish water and/or sewer service. In consideration for such service, Owner agrees with the District as follows:

- 1) That all District services and charges are governed by District Ordinances, which are available for inspection at the District Office, 1315 Meridian Blvd., Mammoth Lakes, California 93546 or online at mcwd.dst.ca.us/governance. Owner agrees to abide with District Ordinances, as amended from time to time;
- 2) That the District is granted access for activities related to service installations upon premises;
- 3) That this application, when approved by the District, constitutes a contract between the Owner and the District. Owner acknowledges that he/she understands the monthly charges as applicable to his/her structure, and Owner understands that monthly billings will be provided according to District billing procedures;
- 4) That Owner understands the contact information furnished on this application shall be used by District for billing and correspondence purposes, agrees to inform the District of any change in the information provided, and understands the District will assume no responsibility in connection with the monthly billing, leak notifications, or violation notices if a change of information is not given the District;
- 5) That all information provided in the application is correct;
- 6) That Owner agrees to provide any request for service termination not later than (10) days before termination is to become effective.
- 7) Consistent with California’s Uniform Electronic Transactions Act (Cal. Civ. Code, §1633.1, et seq., and any other applicable law), by submitting this form with your electronic signature, you understand and agree that you are entering into a binding agreement with the District, and that your electronic signature is the same as your handwritten signature for the purposes of validity, enforceability, and admissibility of your signature and the agreement to which it is applied.

**INFORMATION**

Property Owner’s Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_ Zip Code \_\_\_\_\_

Primary/cell phone # \_\_\_\_\_ Receive text messages \_\_\_\_ Yes \_\_\_\_ No      Alternate phone # \_\_\_\_\_

Email \_\_\_\_\_ Please send my bills by: \_\_\_\_ Email or \_\_\_\_ USPS

Service Address \_\_\_\_\_ Unit No. \_\_\_\_\_ Close of Escrow Date \_\_\_\_\_

\_\_\_\_ Primary Residence \_\_\_\_ Second Home      Rental: \_\_\_\_ Long Term \_\_\_\_ Short Term \_\_\_\_ Not a Rental

If Renter Pays the Bill: Renter: Name \_\_\_\_\_

Renter: Mailing Address \_\_\_\_\_ Renter: City \_\_\_\_\_ Renter: State \_\_\_\_ Renter: Zip Code \_\_\_\_\_

Property manager or local contact name (if applicable): \_\_\_\_\_

Property manager or local contact: Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature of Owner (s) \_\_\_\_\_ Date \_\_\_\_\_