



LAKE DON PEDRO COMMUNITY SERVICES DISTRICT

9751 Merced Falls Road

La Grange, CA 95329

PH: (209) 852-2331 / FX: (209) 852-2268

APPLICATION FOR SERVICE

Availability Acct. # _____ Route _____ Sequence _____
 Name: _____ Phone _____
 Mailing Address: _____
 APN-No. _____ Acreage _____ Lot # _____
 Service Address _____

The undersigned hereby requests service at the above address and understands that if this application is accepted such service will be in accordance with the rules, regulations, policy and procedures of the Lake Don Pedro Community Services District.

Domestic Water Sewer

Capital Facility Improvement Fee \$ _____
 Meter Set Fee \$ _____
 Sewer Connection Fee \$ _____
 Total Amount Due \$ _____

Customer Signature _____ Date _____ Check # _____ Received By _____

Pro-Rated Availability charge - (Credit will reflect on metered account).

Service Information:

Pressure Reducer - **REQUIRED** Meter ID No. _____
 Reading _____ Water Pressure/PSI at Meter _____
 Backflow Preventer: Required: _____ Not Required at this time _____
 Completed by _____ Completion Date _____