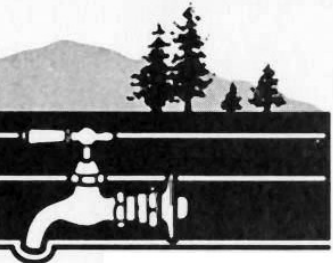


# BASS LAKE WATER COMPANY



P.O. BOX 113 • BASS LAKE • CALIFORNIA • 93604  
OFFICE: 559-642-2494 FAX: 559-642-2771

## APPLICATION FOR WATER SERVICE

Date: \_\_\_\_\_ Date of occupancy: \_\_\_\_\_

Name of Applicant(s): \_\_\_\_\_

Street Address (for water service): \_\_\_\_\_

Local Phone #: \_\_\_\_\_

Service Information: New \_\_\_\_\_ Transfer of Existing Service \_\_\_\_\_

Service Classification: Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Main Contact Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Alternate Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Email Address(s): \_\_\_\_\_

I hereby apply for water service at the above street address. I agree to use and pay in accordance with the rates and rules legally in effect and on file with the Public Utilities Commission of the State of California.

\_\_\_\_\_  
*Signature of Applicant(s)*

For Office Use Only

Account #: \_\_\_\_\_ Prior Owner Name(s): \_\_\_\_\_

New Line Size: \_\_\_\_\_ Division: \_\_\_\_\_ Status: \_\_\_\_\_ Type: \_\_\_\_\_