

ATASCADERO MUTUAL WATER COMPANY

5005 El Camino Real • Atascadero, CA 93422 • (805) 466-2428

APPLICATION FOR FIRELINE SERVICE

DATE: _____ FIRELINE SIZE _____ (2",4",6",8",10")

SERVICE ADDRESS: _____

LOT: _____ BLOCK: _____ APN: _____

Type of Service Requested

Residential Commercial Condos Other (describe) _____

Billing Information

Name of Owner or Homeowner's Association: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Place of Employment: _____

Work Address: _____ Spouse's Name: _____

Spouse's Place of Employment: _____ Spouse's Work Address: _____

I hereby apply for a fireline service at the above-referenced property. I understand that this application is subject to approval by AMWC. I agree to use the fireline service and pay all rates and charges for the fireline service in accordance with the rates, rules and regulations (the "Rules") of AMWC, and that these Rules are subject to change. I understand that delinquent accounts are subject to termination of service, as well as all costs of collection, including reasonable attorney's fees and costs. I understand that there is a monthly fee for a fireline service based on the size of the service.

FIRELINE SERVICES SHALL ONLY BE USED FOR FIRE SUPPRESSION PURPOSES .

All fireline services shall be equipped with an approved backflow device per AMWC specs. and the backflow device shall be equipped with a bypass detector-meter circuit that also includes an approved backflow device. The backflow devices shall be inspected by AMWC, and the property owner shall have the devices tested by a certified backflow device tester, before the fireline service is activated. The property owner shall have the backflow devices tested annually thereafter by a certified backflow device tester. A list of certified backflow device testers is available on our website at www.amwc.us and upon request at the AMWC administration office. We recommend that you blanket wrap the backflow device to protect it from freezing temperatures. Please note that if your meter breaks you will be held responsible for it's replacement. () initial please

By placing my signature below, I represent and warrant that I am authorized to sign this application and agree to defend, indemnify and hold Atascadero Mutual Water Company harmless from and against any and all claims, actions, demands, liabilities, damages, settlements, costs, fees and expenses, including reasonable attorney and expert witness fees and expenses, arising out of or related to any breach or claimed breach of this representation and warranty.

Signed _____

(owner)

Rev. 8/08

AMWC USE ONLY

RECEIVED BY _____ (meter order # not needed)

WILL SERVE LETTER ON FILE

MAP CHECKED FOR RECOVERY & WATER MAIN

RECOVERY BOOK CHECKED

SHAREHOLDER BOOK CHECKED

FL SERVICE ORDER # _____

(CODE FL)

(start service) New Service Order# _____

TAP FEE (HT)- \$350.00

DATE PAID & CHECK # _____

Please note: There is no installation or connection fee due for a fireline service.

IF A CURRENT WILL-SERVE LETTER IS NOT ON FILE, THE REVERSE MUST BE COMPLETED & SIGNED

ATASCADERO MUTUAL WATER COMPANY

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APPLICATION FOR WILL-SERVE LETTER

APN: _____

Delivery of Will-Serve notice (circle one): Mail Pick-up

I understand that AMWC is willing to supply water to the subject property subject with the following conditions:

(Conditions are subject to change, without further notice, by the AMWC Board of Directors)

1. This Will-Serve Letter applies only to the person(s) or organization and for the use specified above.
2. This property is subject to all AMWC policies, rates and fees in effect when fees are paid, including, but not limited to, connection fees, deferred connection fees, and recovery fees. **Note that AMWC policy requires a connection fee to be paid for each dwelling unit served.**
3. Exact location of the water meter is to be determined by owner and approved by AMWC.
4. Detailed plans may be required prior to issuance of a meter.
5. This Will-Serve Letter will remain effective for 60 days from the date approved.
6. Owner should confirm that mainline pressure is sufficient to serve the planned elevation of any improvements. In some cases, pressure-reducing valves or booster pumps may be required.

Signed: _____

Printed Name: _____

Owner or Agent (circle one)

FOR AMWC USE ONLY

	Yes	No
The property is in AMWC service area	_____	_____
A main extension is required	_____	_____
A recovery fee is due	_____	_____

Comments: _____

Existing Main Location and Size: _____

APPROVAL:

Signature

Date Approved