



CRYSTAL SPRINGS WATER DISTRICT APPLICATION FOR START/STOP WATER SERVICE

To request a start or stop of service at an existing location, please complete this form in its entirety and mail or deliver your request to the District Office. It is very important to provide accurate contact information, so there is no delay in contacting you in the case of an emergency.

Please remit to: **Crystal Springs Water District PO Box 186 / 3006 Chevron Dr. Odell, Oregon 97044**
Or you can e-mail your request: **office@cswdhr.com**

PLEASE CHECK ALL THAT APPLY

Request to START Service _____	Residential _____	Owner / Landlord _____
Request to STOP Service _____	Commercial _____	Rent / Lease _____
Request Date: _____	Agriculture _____	Other (Describe) _____
	Effective Date: _____	

APPLICANT / BUSINESS INFORMATION

LAST NAME:	FIRST NAME:	BUSINESS NAME:
MAILING ADDRESS (OR FORWARDING):	CITY, STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	WORK PHONE:

CO-APPLICANT INFORMATION

ADDITIONAL INFORMATION

LAST NAME:	FIRST NAME:	DO YOU CURRENTLY HAVE SERVICE WITH US? YES NO
CELL PHONE:	WORK PHONE:	WOULD YOU LIKE TO SIGN UP FOR PAPERLESS BILLING? YES NO
EMAIL:		EMAIL:

SERVICE CONNECTION INFORMATION

SERVICE ADDRESS (NUMBER & STREET NAME)		
CITY, STATE, ZIP:		
TAX LOT/PARCEL # IF APPLICABLE	HAVE YOU HAD WATER SERVICE WITH US BEFORE? YES NO	
DO YOU OWN A POOL?	DO YOU HAVE A HOT TUB OR SPA?	DO YOU HAVE AN IRRIGATION SYSTEM?

APPLICANT SIGNATURE:	DATE:	CO-APPLICANT SIGNATURE:	DATE:
----------------------	-------	-------------------------	-------

OFFICE USE ONLY

ACCOUNT NUMBER:	ROUTE #:	ENTERED BY: