



APPLE VALLEY HEIGHTS  
COUNTY WATER DISTRICT

P. O. BOX 938  
APPLE VALLEY, CA 92307  
(760) 247-7330  
[www.avhwater.com](http://www.avhwater.com)

DATE: \_\_\_\_\_

**APPLICATION FOR WATER SERVICE**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT #: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

LOCATION OF PREMISES TO BE SERVED: \_\_\_\_\_

DATE SERVICE REQUIRED: \_\_\_\_\_

**DEPOSIT REQUIRED - \$175.50      ACCT #**

SIZE OF METER: \_\_\_\_\_      Meter SN: \_\_\_\_\_

THE WATER SUPPLIED BY APPLE VALLEY HEIGHTS COUNTY WATER DISTRICT IS UNTREATED AND THE PRESSURE PER SQUARE INCH RANGES FROM APPROXIMATELY 20 PSI TO APPROXIMATELY 175 PSI AND YOU MAY NEED TO INSTALL A PRESSURE REGULATOR VALVE BETWEEN THE METER AND THE HOUSE.

THE DISTRICT SHALL NOT BE LIABLE FOR DAMAGE WHICH MAY RESULT FROM INTERRUPTION IN SERVICE FROM A CAUSE BEYOND THE CONTROL OF THE WATER DEPARTMENT. THE DISTRICT WILL NOT BE LIABLE FOR INTERRUPTION, SHORTAGE, OR INSUFFICIENCY OF SUPPLY OR FOR ANY LOSS OR DAMAGE OCCASIONED THEREBY, IF CAUSED BY ACCIDENT, ACT OF GOD, STRIKE, RIOT, WAR OR ANY OTHER CAUSE NOT WITHIN ITS CONTROL.

BY SIGNING THIS APPLICATION, THE APPLICANT AGREES TO OBSERVE ANY DISTRICT RULES, REGULATIONS OR ORDINANCES NOW OR HEREAFTER ADOPTED RELATED TO THE WATER SERVICE AND TO PAY WATER BILLS PROMPTLY.

I HAVE READ AND UNDERSTOOD THE ABOVE AND ALSO UNDERSTAND I AM RESPONSIBLE FOR PAYING THE WATER BILL UNTIL I ORDER SERVICE DISCONTINUED.

SIGNATURE: \_\_\_\_\_  
Property Owner/Agent/Tenant

DATE: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_      DOB: \_\_\_\_\_

**Please sign and return within 10 days to avoid interruption in service**