APPLICATION FOR WATER SERVICE

FAIRVIEW WATER DISTRICT
403 Marolf Loop Road
Tillamook, OR 97141
(503) 842-4333
office@fairviewwater.com

Applicant Status:
☐ Property Owner
☐ Tenant
☐ Authorized Agent
☐ Property Manager

Type of Request:
☐ New Service
☐ Disconnect Service
☐ Update Account Information

Service Address: _____

Service Start Date: _____ Service End Date: _____

Applicant Information
Legal Name(s): _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

Property Owner Information (If different from above)
Legal Name(s): _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

Property Management Information
Legal Name(s): _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

CUSTOMER ACKNOWLEDGEMENT

By signing this application, I acknowledge and agree that :

- This application is a request for water service and does not guarantee that service will be provided.
- I understand that water service is governed by District ordinances, resolutions, policies, and rate schedules.
- I acknowledge that I have received, reviewed, or have been provided access to the Fairview Water District Rules and Regulations, Rate Schedule, and applicable policies governing water service. I agree to comply with these requirements, as they may be amended from time to time. *View these requirements online at www.fairviewwater.com or scan the QR code below. Printed copies are available upon request.*

☐ I received a printed copy

☐ I accessed the rules and regulations online

- I understand that the customer is responsible for all plumbing, piping, fixtures, and equipment located beyond the District's point of delivery.
- I understand that the District's responsibility ends at the point of delivery as established by District ordinance.
- I authorize District personnel to enter the property at reasonable times for meter reading, inspection, maintenance, repair, replacement, and other activities related to providing water service.
- I agree to promptly notify the District of changes to my mailing address, phone number, email address, ownership, tenancy, or occupancy.
- I understand that I am responsible for notifying the District when occupancy or ownership changes.
- I certify that the information provided in this application is true and correct.

Applicant Signature _____ **Date** _____

Authorized Account Contact

I authorize the following individual(s) to discuss this account with Fairview Water District:

Name: _____

Relationship: _____

Phone: _____

Cross-Connection Control & Backflow Prevention

☐ I acknowledge that continued water service is subject to compliance with the District's Cross-Connection Control & Backflow Prevention requirements:

If the District determines that a backflow prevention assembly, air gap, or other cross-connection control device is required, the customer agrees to:

- Install approved backflow protection at the customer's expense.
- Obtain all required testing, maintenance, repair, or replacement by a qualified tester, when applicable.
- Provide access for inspection as authorized by District policy and applicable regulations.
- Comply with Fairview Water District's Cross-Connection Control Program and all applicable state drinking water requirements. A copy of Fairview Water District's Cross-Connection Control Ordinance can be found online at *fairviewwater.com*.

Failure to comply with cross-connection control requirements may result in denial or discontinuation of water service in accordance with District rules and applicable law.

Public Records Notice: Information submitted on this application is subject to Oregon Public Records Law. Certain information may be exempt from disclosure as provided by law.

Return this form to: Fairview Water District
403 Marolf Loop Road
Tillamook, OR 97141

Submit by email: *office@fairviewwater.com*

Office Use Only

Account No.: _____ Meter No.: _____ Meter Size: _____

Application Received by: _____ Date: _____