

Tap Size _____ LAKEWOOD WATER DISTRICT Receipt No. _____
 Meter Size _____ Application and Agreement for Water Service T. On No. _____
 No. of Units _____ W. O. No. _____
 Acct. No. _____
 Cust. No. _____

I hereby apply for water service to the following premises: _____

Property Description _____
 _____ agent
 as tenant _____ as owner _____
 As part of such application, I
 (a) deposit herewith to pay for cost of meter, box and connection charge _____ \$

Ownership of the meter and box on installation shall vest in the DISTRICT _____
 (b) agree to install no less than a _____ INCH GALVANIZED PIPE SERVICE EXTENSION LINE (the line from the building to the meter) required by the District to properly service the water fixtures and appliances including sprinklers on said premises leading from the meter, WITH A TURN-OFF HAND VALVE AT THE BUILDING, and thereafter to maintain same in good condition and free of leaks. All installations to be made in a worthwhile manner and constructed AT LEAST 18" IN DEPTH TO AVOID FREEZING.

(c) deposit herewith the sum of _____ \$
 to be retained as a fund of the District, as a continuing guarantee of payment of all charges incurred for water furnished pursuant hereto and/or special agreements, which deposit may be applied on any bill not paid within 30 days after rendition, notwithstanding water service shall have been or be discontinued for nonpayment of charges. Said deposit or any unapplied balance thereof shall be returned, without interest, to the applicant when he ceases to be a customer, provided all service charges and/or special agreements theretofore are fully paid;
 (d) agree that water service may NOT be furnished through meter to any adjacent properties of other ownership;

(e) Service charge _____ \$
 (f) agree to abide by all rules and regulations relative to water service heretofore or hereafter adopted by Lakewood Water District and to pay for all water furnished in accordance with tariffs or rate schedules established by said District and from time to time made effective.

Cutting & Patching Charge _____ \$ Billing Address _____
 FRONT FOOTAGE _____ \$
 Annexation Fee or Booster System _____ \$
 Accepted by _____ Date: _____ Applicant _____