



Helendale Community Services District

26540 Vista Road, Ste. B
PO Box 359
Helendale, California 92342
(760) 951-0006 Fax (760) 951-0046

WATER SERVICE RESPONSIBILITY FORM

I hereby authorize the HELENDALE COMMUNITY SERVICES DISTRICT to (re)connect (turn on) water service to the below referenced property for the purposes of a home inspection. I also understand that I or my assigned agent must be present at the time of (re)connection.

The reconnect is scheduled for _____ (date)
at _____ (between the hours of 10:00 am and 4:00 pm).

I understand that the water service will be turned off by 4:00 pm the same day.

I also understand that I will be billed \$30.00 for the first occurrence and \$20.00 for each subsequent occurrence.

As agent of the below property, I acknowledge that I am responsible for ensuring all water is off at the property, including, but not limited to, FAUCETS, HOSE BIBS, SPRINKLER SYSTEMS and ANY OTHER OUTLETS that may be affected once service is (re)connected. Where a customer valve (gate valve) exists we further authorize and agree to hold harmless the Helendale Community Services District to leave such valve:

ON OFF (Check One)

I further agree to hold the Helendale Community Services District harmless in the event that a water aperture is inadvertently turned on at the property and water damage occurs.

SERVICE ADDRESS

APPLICANT (PLEASE PRINT NAME)

APPLICANT (SIGNATURE)

DATE OF SIGNATURE