



**South Feather Water & Power**  
 P.O. Box 581, 2310 Oro-Quincy Hwy., Oroville, CA 95965  
 Tel.: (530) 533-4578 Fax: (530) 533-9700

# Service Order Form

Meter No.: \_\_\_\_\_

Service Location: \_\_\_\_\_

Date/Time Requested: \_\_\_\_\_

Meter Size: \_\_\_\_\_ Meter Reading: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Account #: \_\_\_\_\_

Cycle: \_\_\_\_\_

AP Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Shut-Off  Turn-On  Read Only

Owner's Name:	<input type="checkbox"/> New <input type="checkbox"/> Change _____
Mailing Address:	<input type="checkbox"/> New <input type="checkbox"/> Change _____ Street _____ City _____ State _____ Zip _____
Notification Address <sup>3</sup> :	<input type="checkbox"/> New <input type="checkbox"/> Change _____ Street _____ City _____ State _____ Zip _____
Daytime Phone:	(_____) _____

Escrow Company: \_\_\_\_\_

Closing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

New Account (Billed on first billing)	\$ _____
Turn-On Charge	\$ _____
_____	\$ _____
<b>Total Due:</b>	<b>\$ _____</b>

Reason for Meter Request:  Shut-Off  Turn-On  Reading

Property Bought  Property Sold  Owner's Request  \_\_\_\_\_

**INACTIVE ACCOUNT STANDBY CHARGE (to be initiated by owner if service termination is being requested)**

Initials **Option #1:** Being the owner of the property identified above, I hereby request that water service to my property be discontinued. I understand that a standby charge (to fund maintenance of the service line by OWID) in the amount of \$5.00 per month will begin being billed to the property's account and will continue until service is reactivated, or until such time as the service is disconnected at my expense from OWID's main line. I also understand that if service remains disconnected for more than 60 days, installation of backflow protection will be required prior to reactivation of service.

Initials **Option #2:** Being the owner of the property identified above, I hereby request that the water service to my property be discontinued and disconnected from OWID's main line at my expense. I will submit a deposit for the estimated expense prior to the work being done.

**CUSTOMER NEEDS TO BE PRESENT WHEN SERVICE IS TURNED ON**

Initials I am aware that it is my responsibility to check all fixtures & piping before the water is turned on. Open faucets or leaking pipes may cause water damage and I acknowledge responsibility for any damage that may occur due to open faucets or leaking pipes when the water is turned on.

**TENANT BILLING AND OWNER'S ACCOUNT RESPONSIBILITIES**

Initials I request that the monthly water bill for this account be sent to the tenant at their address, listed above. I am aware that water service accounts will be established only in the name of the property owner. Although I have made arrangements with the tenant to pay the monthly water bill, I am aware that I am ultimately responsible for payment delinquencies. I am also aware that delinquency notices will be sent to me upon my request.

Initials I request that delinquency notices be sent to me at my address listed above.

Initials My tenant is presently occupying the property.

Owner  
 Agent

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

### Comments

<p><b>For Internal Use Only:</b>          Copy of SFWP Rules and Regulations given to Customer: <input type="checkbox"/> Y <input type="checkbox"/> N          Copy of Service Order form to: _____</p>	<p><input type="checkbox"/> New Service:          Route _____          Sequence: _____</p>
---	--