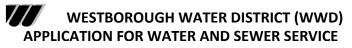
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PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION.

NAME (S)	(As desired on bill)				
SERVICE ADDRESS					
BILLING ADDRESS					
PRIMARY PHONE NO. () OR State I.D. No.)					
*Note: Disclosure of one's social security number is voluntary and will be us will be made for services provided. Additional information will	TY NO.*sed to assist in ensuring that payment can and				
NO. OF PEOPLE IN HOUSEHOLD DATE FOR SE	RVICE TO BEGIN:/				
CHECK HERE IF TEMPORARY SERVICE (Landlords only)					
EMPLOYER'S NAME AND ADDRESS					
Please indicate: OWNER RE	ENTER*				
*IF RENTING, please provide us with the following information:					
Property Owner/Landlord's Name:	Phone No. ()				
This deposit will be applied to your closing bill upon termination of service; any funds reme ***IF PAYING WITH A CREDIT CARD, PLEASE BE ADVISED THERE IS A 3.5% S I AM ENCLOSING \$265.00 CASH, CHECK OR MONEY ORDER OR I AUTHORIZE WWD TO CHARGE MY \$265.00 DEPOSIT AND FEE TO MY IF PAYING BY CREDIT CARD, PROVIDE THE FOLLOWING INFORMATIO ACCT.NO EXP. DATE/ CVV2_	Y:VISAMasterCard				
BY SIGNING BELOW, I AGREED THAT I HAVE READ AND UNDERSTAND THE E SERVICE AND HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AN NON-REFUNDABLE TURN-ON FEE WHICH IF NOT ALREADY PAID, WILL BE BI TO ALL RECONNECTION OF WATER SERVICE DURING NON-OFFICE HOURS.	ND CORRECT. I ALSO AGREE TO PAY A \$115.00				
SIGNATURE OF APPLICANT	DATE OF APPLICATION				
FOR USE BY WWD DISTRICT PERS	ONNEL ONLY				
OWNER RENTER PAID \$265.00 DEPOSIT BY: CASH CH	HECK(CHECK NO)				
VISA, MC, OR DEBIT #	/Exp/				
APPLICANT(S)	ACCT.NO				
SERVICE ADDRESS					
DATE APPLICATION RECEIVED PROC	ESSED BY				

WESTBOROUGH WATER DISTRICT (WWD) EMERGENCY RESPONSE SYSTEM

The WWD has developed a speedy Emergency Response System that will notify each and every customer by phone in the event of an emergency. Emergencies include: boil water notice, extended water outages, reduce water consumption due to low storage, water safe to drink - system back to normal, and other similar items.

If you choose not to participate in this program you stand the chance of not being notified promptly and risk being exposed to contaminated water - should an emergency arise.

The information below will not be given out or used for any purpose other than emergency response notification.

Service Address: ______

Emergency Contact Phone Number () ______* Home___ Cell____

* In the future, if for some reason you change your telephone number, please contact the WWD so that we may update our records.

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(TO BE COMPLETED ONLY IF WATER SERVICE HAS ALREADY BEEN TURNED OFF)

I, the undersigned, hereby declare as follows:

That I have been informed it is the policy of the WWD not to turn on any water service unless the customer is present at the time said water is turned on.

That I am unable to be present when the water service is turned on and I desire that the WWD turn said water on without my presence at the premises.

I do hereby further absolve and agree to hold harmless the WWD for any and all liability that may occur due to the fact that damage occurred to my property in any manner or respect, whether property damage, bodily injury or any other type of damage, by reason of turning on the water by the WWD.

It is further understood and I do hereby waive the provisions of §1542 of the Civil Code, which reads as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

That I have fully read the foregoing release and declaration and understand that by signing this declaration and release, I hereby absolve the WWD from any and all liability and any nature or extent whatsoever as a result of the WWD turning on the water without my personal presence on the premises.

I hereby declare ur	nder penalty of perjur	ry that the foregoing i	s true and correct.	Executed at South San Francisco,
California, this	day of	, 20		
Service Address			Signature	