



Fireline Application

Date _____

Account Information

METER SIZE: ☐ 2" ☐ 4" ☐ 6" ☐ 8" ☐ 10" ☐ Other _____

SERVICE ADDRESS: _____ APN: _____

TRACT/BLOCK: _____ LOT: _____

Billing Information

PROPERTY OWNER: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

CELL PHONE: _____ ALT PHONE: _____

EMAIL: _____

Commercial Tenant Information

BUSINESS NAME: _____

BUSINESS OWNER: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

CELL PHONE: _____ BUSINESS PHONE: _____

EMAIL: _____

Terms & Conditions

I hereby apply for a fire line service for the above-referenced property. I understand that this application is subject to approval by AMWC. I agree to use the fire line and pay all rates and charges for the fire line in accordance with the rates, rules, and regulations of AMWC.

I understand and agree that AMWC will make all connections to the existing water main and install the fire line from the water main edge of right-of-way or back of sidewalk. I understand and agree that AMWC will provide me with an estimate for this installation work and agree to pay a deposit for the work before the fire line is installed. I understand and agree that that AMWC will bill me or reimburse me for the difference between the deposit amount and the actual cost incurred by AMWC to install the fire line.

I understand and agree that AMWC's maintenance responsibility for the fire line ends at the tapping valve on the water main.

I represent and warrant that I am authorized to sign this application and agree to defend, indemnify, and hold Atascadero Mutual Water Company harmless from and against any and all claims, actions, demands, liabilities, damages, settlements, costs, fees and expenses, including reasonable attorney and expert witness fees and expenses, arising out of or related to any breach or claimed breach of this representation and warranty.

Signature

Date

*** FOR AMWC USE ONLY ***

_____ RECEIVED BY: _____

_____ AMWC ESTIMATE

_____ PAYMENT

CK NO: _____

DATE: _____

_____ FL ACCOUNT NO: _____

_____ AMWC LOT NO: _____

Deliver to: AMWC, 5005 El Camino Real, Atascadero, CA 93422 **Mail to:** PO Box 6075, Atascadero, CA 93423

Email to: CustomerService@amwc.us **Phone:** 805-466-2428