Account No.:



Date:

## MEMORANDUM OF UNDERSTANDING METER TRANSFER REQUEST

Name:		Phone No.:	_
Mailing	g Address:		_
Service	e Address:		_
	Transfer From: Current APN Number	Transfer To:  New APN Number	
Please 	print below your reason for transferring the exist	ing water meter:	
water r or low p new loo	neter is capable of meeting the water usage dem	·	nigh
1.	I have the following legal authority to reques	et a meter transfer as set forth above:	
	•	ject to this request and have attached proof s for the new location as deemed necessary.	of
	☐ I am an authorized agent of the owner of subject to this request and have attached	of the parcel where the meter is to be transfered proof of such authorization hereto.	red
2.		of the District's Administrative Code, that neit erable to other parcels of land within the Dist	

charges or meters are subject to the approval of the Finance Manager.

unless the parcels are abutting and owned by the same Owner and that transfer of capacity

- 3. I will immediately notify the Finance Manager of the District if any of the following occur at any point prior to completion of the meter transferring:
  - (a) I cease to have authority to request meter transferring;
  - (b) There is a change in ownership of the parcel(s) subject to this request; or
  - (c) There is a change in control of water service under Ch. 8.04 of the Administrative Code.
- 4. I acknowledge that this request is subject to and approval is conditioned on compliance with current District ordinances, rules and regulations, and the District's Administrative Code, including those provisions governing the size, number and location of service transfers, governing who may request a connection and governing the terms of transfer.
- 5. In the event the District incurs any costs or suffers any damage as a result of any misrepresentation, any failure to notify the District of a change in authority to request meter transferring, a change in ownership of the parcel(s) subject to this request, or a change in control of water service under Chapter 8.04 of the Administrative Code, or in the event this request is determined to be improper for any reason, I understand and agree that I will be solely responsible for, and will indemnify the District from, any such costs and damages, including but not limited to the District's reasonable attorney's fees.
- 6. I acknowledge that the District has the right to refuse or to discontinue water service at any time to protect the District from any fraud or for noncompliance with or violation of any ordinance or rule or regulation of the District arising from this request.

Owner / Authorized Agent	Rainbow Municipal Water District	
Date:	Date:	
Name:	Name:	
Please Print	District Representative	
Signature: Owner/Agent's Signature	Signature:	
Owner/Agent's Signature		
District Use Only		
If the applicant is not the legal owner of the Proper her legal authority to make this request:	ty, describe the evidence submitted by the applicant to show his or	