

RAINBOW MUNICIPAL WATER DISTRICT

3707 OLD HWY 395, FALLBROOK CA 92028

Construction Water Meter Application

1. A \$1,825.00 deposit is required at the time of application. The deposit, less the final bill, is refundable when the meter is removed. There is a \$115.00 non-refundable installation fee. Amount due is \$1,940.00.
2. Billing is monthly and includes the \$174.79 operation & maintenance fixed fee, plus the charge for the water used during the billing period. Water fee is \$2.60 per unit (1 unit equals 748 gallons) water fee is subject to change.
3. Relocation of a Construction Meter is to be done by District employees only. There is a \$50.00 fee for this service. Please provide at least a 24-hr. notice to request this service.
4. Water may be utilized from either a Tank Truck or Fire Hose. If a Fire Hose is used, the applicant must protect the hose from sudden pressure surges that may cause damage to the District's water lines.
5. Construction Meters are available for a maximum period of 6 months. Extension may be available upon approval.
6. The applicant agrees that the water service is to be solely for construction purposes, and shall comply with the Rules and Regulations of the District. The undersigned is responsible and agrees to pay for all charges and for any damage or loss of the meter or fire hydrant. Monthly field assessment of "Actual Use" will occur. If misuse is found service will be terminated, the meter will be immediately pulled and a penalty fee assessed.

The undersigned applicant is aware of Penal Code Section 499 that states:

EVERY PERSON WHO, WITH INTENT TO DEFRAUD ANOTHER, CONNECTS WITH ANY PIPE OR MAIN CONDUIT OR FLUME USED IN CONDUCTING WATER, FOR THE PURPOSE OF TAKING WATER THERE FROM WITHOUT THE KNOWLEDGE OF THE OWNER, AND WITH THE INTENT TO EVADE PAYMENT THEREFORE, IS GUILTY OF A MISDEMEANOR.

Applicant Name (please print)

(Area Code) Phone

Billing Address:

Street

City

State

Zip Code

Location of Meter (street name)

Date Required

Reason for Construction Meter

Signature of Applicant

Date

RMWD Use Only

Map Page: _____

Valve No. _____

Pump Zone: _____

Max. PSI: _____

Service Order: _____