Fairview Water District

PO Box 646 • Preston, ID 83263
Phone: 435-770-6431
Email: secretary.fvwater@outlook.com

District Office Use Only
Account #_____
Payment Received: _____
Check # _____
Amount: _____

SERVICE CONNECTION APPLICATION

Name: _____

Mailing/Billing Address: _____

Exact Address of Service Connection: _____

Primary Phone: _____ ☐ Call ☐Text

Secondary Phone: _____ ☐ Call ☐ Text

Email Address: _____ ☐ Email Bill Notification

Note: It is the customer's responsibility to subscribe to text/email alerts at fairviewwaterdistrict.com. This is highly recommended to allow the district to quickly disseminate urgent information to customers.

☐ Attach non-refundable Service Connection Application Fee of $200.00
☐ Attach a copy of the property deed and land survey showing ownership of the property.

Type of Water Service (check one): ☐ Single Family Dwelling ☐ Other (describe) _____
Does the property have secondary water? ☐ No ☐ Yes
Note: Backflow prevention/physical disconnect must be verified by Operator.

Estimated date of first use: _____ Estimated amount of water use per month: _____

I understand that, upon approval of this application by the Fairview Water District, I will be obligated to pay the initial Water Service Connection Fee of **$20,000**, plus a Capitalization Fee of **$20,000,** which must be paid before water service begins. This application and any approval thereof will expire if payment of the Water Service Connection Fee is not made within six months from the date of approval. Additionally, if the service connection is not utilized within 6 months of the estimated date of first use, the connection will be forfeited and returned to the District. Any extension to this timeframe must be approved by the Fairview Water District. I further understand that I will be obligated to make monthly bill payments to the Fairview Water District, beginning the month after the water service is started and that water charges are subject to change. I further understand that failure to comply with the terms and conditions of the approval of this application will result in the termination of all rights hereunder. Information pertaining to design specifications is required before consideration of this application can be considered.

I agree that, upon approval of this application, I will fully comply with all Rules and Regulations of the Fairview Water District, as may from time to time be amended.

Date: _____

Applicant signature _____

==========District Office Use Only Below This Line==========

☐ Approved ☐ Disapproved Date: _____

Any Special Conditions of Approval or Reasons for Disapproval are attached to this Application.

_____
Fairview Water District, President

This application, when approved by the Board and signed by the District President, will serve as the Service Connection Permit.

Form Effective 08/26/2026