

RECORDED AT THE REQUEST OF:
SOQUEL CREEK WATER DISTRICT

WHEN RECORDED, MAIL TO:
Soquel Creek Water District
P. O. Box 1550
Capitola, CA 95010

(Space above this line for Recorder's use only)

**SOQUEL CREEK WATER DISTRICT
WATER WAIVER FOR PRESSURE AND/OR FLOW**

The undersigned applicant for water service and/or fire service from the SOQUEL CREEK WATER DISTRICT (in accordance with Ordinance No. 1964-1, Article II (A) (3) waives and releases District from any and all claims of any kind whatsoever occurring by reason of insufficient or excessive water pressure, or volume of water, intermittent supply, interruption of service, and any or all of the foregoing, including, but not limited to, claims for damage or inconvenience of any kind whatsoever.

Applicant acknowledges that this waiver and release has been entered into by (him/her, it/them) because of concerns as to whether satisfactory water service can be given hereinafter described lands of applicant because of their location, elevation, topography and other factors.

Nothing contained in this waiver and release shall constitute or be construed to limit, modify, alter, or render inapplicable any of the ordinances, resolutions, rules, requirements, and policies of District, including, but not limited to, requirements, if any, for provision of facilities, at applicant's expense, to improve any water service problems.

Applicant is the owner of and is applying or will apply for water service to those lands situate in the County of Santa Cruz, commonly known and described as the Assessor's Parcel Number(s) listed below. The District may cause this Water Waiver for Pressure to be recorded.

APN _____

Street _____

City _____

SIO No. _____

Owner (Name as it appears on Grant Deed)

Owner (Name as it appears on Grant Deed)

Dated: _____