Move-in: _____

Move-out: _____

APPLICATION FOR SERVICE
Camrosa Water District
7385 Santa Rosa Road · Camarillo, CA 93012-9284 · (805) 482-4677

Cust/Acct#: _____

Acct type: _____

PRIMARY APPLICANT (or BUSINESS NAME)

Last Name	First Name	M.I.

Home phone #	Work phone #	Cell phone #	E-Mail Address

Date of Birth	Social Security #	CaDL # (or other Govt-issued ID)	Expiration date

Type of Business (if applicable)	Business License #	Tax ID #

Service Address	APN

Mailing/Billing Address (if different than above)

Previous Address

Property Owner's Name (if Tenant-Occupied)	Phone #	E-Mail Address

SECONDARY APPLICANT (or authorized representative)

Last Name	First Name	M.I.

Home phone #	Work phone #	Cell phone #	E-Mail Address

Date of Birth	Social Security #	CaDL # (or other Govt-issued ID)	Expiration date

TRUST DEPOSIT: $ _____ is required to start service.

The Applicant(s) hereby agrees to:

1. Accept the services applied for subject to the rules and regulations of the District and to pay therefore at regular rates. Should the applicant subsequently cancel one or more items of service, such cancellation shall not change or affect the terms of his application in respect to the remaining item or items of service;

2. Give at least 24 hours notice to the District before service is to be discontinued. The provisions of the application, obligating the applicant to accept and pay for service shall remain in force until said notice is given and all bills shall be paid in full to date of receipt of said notice by the District; and

3. Assume all liability for any damage occurring on the premises served, by reason of open faucets, faulty fixtures, or broken pipes on such premises at or after the time when service is turned on, whether or not at that time there is any responsible interested person on the premises.

Primary Applicant's Signature	Print Name	Date

Secondary Applicant's Signature	Print Name	Date