

Start Date: \_\_\_\_\_

# COMMERCIAL SERVICE APPLICATION

*This area OFFICE USE ONLY*

## Camrosa Water District

7385 Santa Rosa Road · Camarillo, CA 93012 · (805) 482-4677

Acct#: \_\_\_\_\_

Move-Out: \_\_\_\_\_

### PRIMARY APPLICANT

\*Business Name

\*Business phone #

\*Cell phone #

\*E-Mail Address

\*Type of Business

\*Business License #

\*Tax ID #

\*Service Address

APN

\*Mailing/Billing Address (if different than above)

Previous Address

### AUTHORIZED REPRESENTATIVE

\*Last Name

\*First Name

M.I.

\*Work phone #

\*Cell phone #

\*E-Mail Address

\*Date of Birth

\*Social Security #

\*CaDL # (or Govt-issued ID)

\*Expiration date

**\* = Required field**

**TRUST DEPOSIT:** \$  is required to start service.

#### Applicant(s) must be over the age of 18 and 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/hers application in respect to the remaining item or items of service;
2. Give at least 24 hours notice before service is to be activated or 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