

Start Date: _____

RESIDENTIAL SERVICE APPLICATION

This area: OFFICE USE ONLY

Camrosa Water District

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

Acct #: _____

Move-Out: _____

PRIMARY PROPERTY OWNER

--	--	--

*Last Name

*First Name

M.I.

--	--	--

*Home phone #

*Cell phone #

*E-Mail Address

--	--	--	--

*Date of Birth

*Social Security #

*CDL# or other Govt-issued ID

Expiration date

--	--

*Service Address

APN

--

Mailing/Billing Address (if different than above)

--

Previous Address

SECONDARY PROPERTY OWNER

--	--	--

*Last Name

*First Name

M.I.

--	--	--

*Home phone #

*Cell phone #

*E-Mail Address

--	--	--	--

*Date of Birth

*Social Security #

*CDL # or other 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