

OCEANO COMMUNITY SERVICES DISTRICT
1655 FRONT STREET | PO BOX 599 | OCEANO, CA 93475-0599
TELEPHONE: 805-481-6730 | FAX: 805-481-6836
www.oceanocsd.org

APPLICATION FOR WATER/SEWER SERVICE - **OWNER**

SERVICE ADDRESS _____
NUMBER STREET UNIT #

Escrow Date: _____

Please attach a copy of title or an escrow document listing owner name and closing date.

PROPERTY OWNER INFORMATION:

Name _____
Last First Middle

Mailing _____
Number Street Unit or PO Box

City State Zip

Contact _____
Home Telephone Cellular Telephone

Work Telephone E-mail Address

Emergency Contact _____
Name Telephone

Property will be used as a: Residence Rental Business Vacation home

Property Owner Signature

Date

E-Bill Option

Email Address: _____

Please note that only the original bill and late notice will be emailed. For past due accounts facing disconnection, "Door Hangers" will be physically placed at the property without emailed or further written notification.

NOTICE: OCSD Code 6.06.010 requires a penalty to be charged against properties where the new owner fails to return a completed service application within thirty (30) days of escrow. Owner is responsible for notifying the District of any/all changes.

OFFICE USE ONLY:

OCSD Account Number _____

Processed _____