

**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**

SERVICE ADDRESS \_\_\_\_\_  
NUMBER STREET UNIT #

Date Service Requested \_\_\_\_\_ Escrow 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

Please complete, sign, and return this form at your earliest convenience.

**NOTICE:** OCSD Ordinance 2006-1 Article 3 Section 1 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.

**OFFICE USE ONLY:**

OCSD Account Number \_\_\_\_\_

Processed \_\_\_\_\_

Date Entered Initials