

UTILITY BILLING COURTESY NOTICE REQUEST FORM

This agreement is between the Oceano Community Services District and the undersigned PROPERTY OWNER OR AGENT.

I hereby request that a courtesy notice be mailed with each utility billing cycle to the service address (a mail receptacle at this address is required).

Service Address: _____

OCSD Account Number: _____

I understand that this request will be in effect until cancelled by the property owner/agent, in writing, and I further understand and acknowledge that I, as the property owner/agent, am responsible for the payment of any and all charges for water and sewer as billed by the Oceano Community Services District office. I also understand and acknowledge that commencement and/or termination of this courtesy billing can occur only twenty (20) days prior to the mailing of the next regular billing statement (January 31, March 31, May 31, July 31, September 30, and November 30), and that the charges for the courtesy notice, \$2.40 per billing cycle, will be included on each statement.

Property Owner/Agent Name
(Please Print)

Phone Number

Property Owner/Agent
Signature

Date

Processed: _____
Date Entered Initials