

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 #

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: OCS D 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.

OFFICE USE ONLY:

OCS D Account Number _____

Processed _____

Date Entered Initials