

OCEANO COMMUNITY SERVICES DISTRICT

1655 FRONT STREET/ PO BOX 599

OCEANO, CA 93475-0599

TELEPHONE: 805-481-6730

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www.oceanocsd.org

APPLICATION FOR WATER/SEWER SERVICE - TENANT

SERVICE ADDRESS _____
NUMBER STREET UNIT #

Date Service Requested _____

TENANT 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

Tenant Signature Date

NOTICE: Per Section 8.2 of the District's Policy on Discontinuance of Residential Water Services, a Tenant Deposit of \$120.00 is required with this application and before an account can be opened.

OFFICE USE ONLY:

Receipt Number: _____ CASH CHECK (Please Circle One)

Check #: _____

OCSD Account Number _____ Processed _____

Date Entered Initials