

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

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 _____

Date Entered Initials