



3179 35th Street West Rosamond, CA 93560
 Tele: 661-256-3411 fax: 661-256-2557

Intl _____

Application for Water/Sewer Service

The Application for Water/Sewer Service is to be completed and signed by the legal owner of the property. The legal owner may request a copy of the bill be sent to the tenant or a property manager.

Service can only become permanent upon satisfaction of District requirements, including payments of outstanding bills, completion and signing of this form, presentation of verifiable proof of ownership/lease agreement, payment of fees, deposit and a valid ID.

Legal Owner Name	Service Address
Email address: Bill Preference: <input type="checkbox"/> I would like to receive my bill via email Autopay: <input type="checkbox"/> I would like to sign up for Autopay (additional information will be provided if this is marked)	Social Security #: Driver's License #: DOB: _____/_____/_____ Home Phone: Cell Phone:
Mailing Address (if different from service address):	Others allowed to inquire on account: Name: Phone Number:
<input type="checkbox"/> This property is a rental <input type="checkbox"/> I am requesting a copy of the bill be sent to the tenant <input type="checkbox"/> I am requesting a copy of the bill be sent to the property management company	Tenant/Property Management Contact: Name: Address: Phone #:
<p>The owner understands that by sending the bill to a tenant/property management company does not relieve them as the obligor on the bill. The purpose of this form is to provide the District with the correct billing information and to notify the property owner that he/she is ultimately responsible for the water bill for the property to the extent permitted by law. I certify (or declare) under penalty of perjury under the laws of the State of California that I am the legal owner of the service address listed above.</p> <p>Tampering with District equipment may result in meter removal and repair charges to be paid before service will be restored. It is agreed that Rosamond Community Services District shall not be responsible for damages to persons or property caused by failure or defects of pipes, high or low pressure, be escape or leakage due to conditions on said premises existing or after beginning service and applicant will hold Rosamond Community Services district harmless therefrom. By signing this application, the applicant agrees to the terms and conditions of service set forth in the District Policies, Procedures, Rules and Regulations. Upon signing this application, customer also acknowledges receipt of the Customer Informational Flyer.</p>	
Applicant Signature:	Date
FOR OFFICE USE ONLY Deposit paid _____ Date paid _____	DOCUMENTS ATTACHED: Proof of ownership: _____ ID Card: _____

ACCT # _____ START SERVICE ON: _____ Location Service ID: _____