

LOS OSOS COMMUNITY SERVICES DISTRICT

2122 9TH STREET P. O. BOX 6064 LOS OSOS, CA 93412
(805) 528-9370 FAX (805) 528-9377

WATER SERVICE APPLICATION

[APPLICATION MUST BE SIGNED BY PROPERTY OWNER* OR AGENT* OR TENANT]

FOR OFFICE USE ONLY			
LOCATION #	ROUTE #	CUSTOMER #	
METER #	AMR#	BEGIN READ	SIZE

DATE OF REQUEST: _____ SERVICE START DATE: _____

SERVICE ADDRESS: _____ RENTAL _____ OWNER'S RESIDENCE _____

AUTHORIZED AGENT* OR TENANT	OWNER OF PROPERTY*
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY: STATE: ZIP:	CITY: STATE: ZIP:
HOME PHONE:	HOME PHONE:
CELL PHONE:	CELL PHONE:
WORK PHONE:	WORK PHONE:
DRIVER'S LICENSE #:	DRIVER'S LICENSE #:
EMAIL ADDRESS:	EMAIL ADDRESS:

****Proof of Authorization may be required by the District***

I agree to abide by all rules, regulations, ordinances and resolutions of the Los Osos Community Services District regarding the water services to the above referenced service address.

The owner of the property which is furnished service is the customer and shall be responsible for the payment of all rates, charges, fees and penalties regarding furnished services. Unpaid obligations shall lead to a delinquency and termination of service to the property furnished services. Further, unpaid obligations shall run with the land and create a lien on the property that is furnished services. Title 2, Chapter 2.01, Section 2.01.5 of Rules and Regulations.

- The property owner (at the above address); or
- The tenant (at the above address); or
- The agent for the above address, see attached contract/lease agreement

Signatory below acknowledges with his/her signature that he/she has read, understands and agrees to the above.

A NON-REFUNDABLE ACTIVATION FEE OF \$50.00 IS DUE WITH THIS APPLICATION

REC'D VIA: _____ DATE: _____

SIGNATURE: _____ DATE: _____
Property Owner or Agent or Tenant (circle one)

Print Name: _____



Los Osos Community Services District ~ 2122 9th Street, Suite 102 ~ Los Osos, CA 93402 ~ (805) 528-9370

Occupancy Certification Form

Customer Name _____

(Customer's name must match account name)

Service Address _____

Telephone Number _____

Please list names for the people living in the service address full-time.

1. _____
2. _____
3. _____
4. _____
5. _____

Qualifications/Requirements:

- Resolution Number 2015-10 was adopted at the April 2, 2015 Board of Directors meeting declaring a Stage III emergency.
- Customers must list all persons living full-time (permanently) at the service address.
- The water shortage contingency plan has an allocation per occupant for residential and multifamily residential as follows:
 - Stage III – 50 gallons per day per occupant
 - Stage IV – 45 gallons per day per occupant
 - Stage V – 42 gallons per day per occupant
- A surcharge will be collected on all water use in excess of the maximum water use allocation. Water use above the allocation is subject to double the current rate unless there is other Board action.
- Allocations are not transferable to any other property.

I declare under penalty of perjury that the foregoing is true and correct. Executed on _____, 2019.

Signature of Customer of Record

Printed name of Customer of Record