



**LOS OSOS COMMUNITY SERVICES DISTRICT  
 WATER SERVICE APPLICATION - OWNER**  
 2122 9<sup>TH</sup> ST. Suite 110, Los Osos, CA 93402  
 PHONE: 805-528-9370 FAX: 805-528-9377  
 EMAIL: info@lososocsd.org

**SERVICE ADDRESS:** \_\_\_\_\_

**SERVICE START DATE:** \_\_\_\_\_ **# OF RESIDENTS** \_\_\_\_\_

**NON-REFUNDABLE ACTIVATION FEE OF \$50.00 IS DUE WITH APPLICATION  
 VALID PHOTO ID IS REQUIRED FOR APPLICANT(S)**

For Office Use ONLY	<b>FILE UNDER THIS NAME</b>	<b>ACTIVATION FEE:</b>
<b>LOCATION #</b>	<b>ROUTE #</b>	<b>CUSTOMER #</b>
<b>METER #</b>	<b>AMR#</b>	<b>BEGIN READ      SIZE</b>

**APPLICANT(S)**

<b>NAME(S):</b>		
<b>BILLING ADDRESS (if different from above Service Address):</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>HOME PHONE:</b>	<b>CELL PHONE:</b>	<b>WORK PHONE:</b>
<b>EMAIL:</b>	<b>Bill Preference (please check one):</b>	
	<input type="checkbox"/> BOTH PRINT & E-BILL <input type="checkbox"/> PRINT ONLY <input type="checkbox"/> E-BILL ONLY	
<b>For Rental, please check one and then provide contact information:</b> <input type="checkbox"/> TENANT / <input type="checkbox"/> AGENT		

- Water billing occurs every 2 months (60 days) of consumption. Billing is due on the 15<sup>th</sup> by 5:00pm following bill date (includes weekends). If paid after the 15<sup>th</sup>, account is subject to 10% penalty/late fee and possible disconnection
- Any representing Agent will be requested to provide documentation showing owner authorization.
- **2.01.05 - Responsibility of Property Owner:** The owner of the property which is furnished services is the customer and shall be responsible for the payment of all rates, charges and fees, including penalties, thereon regarding such furnished services. Unpaid obligations shall run with the land, create a lien on the property, and shall lead to delinquency and termination of service for the property involved without regard to any changes of residency or occupancy by persons different than the persons shown on District records as obligated to pay said bill.

**Applicant acknowledges, with signature, that they have read, understand and agree to above.**

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_