



Cambria Community Services District
PO Box 65 Cambria, CA 93428
Phone: (805) 927-6223 Fax: (805) 927-5584

Commercial Application for Water and Wastewater Service Application

An account start fee of \$35.00 will be added to the first bill every time the account name is changed. Cambria Community Services District will not open a new account for customers with outstanding balances on previous accounts. **Valid photo identification will be required in order to establish service.** If there are multiple account holders each one shall need to sign and provide identification.

Service Address _____

(1) Applicant Information

Business Name: _____ Type of Business: _____

Business Owner Name: _____

Photo Id: Applicant: _____ (_____)
ID TYPE STATE NUMBER

Business Contact Name: _____

Photo Id: Add'l Contact: _____ (_____)
(if applicable): ID TYPE STATE NUMBER

Mailing Address: _____
STREET CITY STATE ZIP

Phone: Work: (_____) _____ Home: (_____) _____ Mobile: (_____) _____

(2) Property Owner Information:

Property Owner Name: _____

Property Address: _____
STREET CITY STATE ZIP

Mailing Address: _____
STREET CITY STATE ZIP

Phone: Home: (_____) _____ Work: (_____) _____ Mobile: (_____) _____

APPLICANT AGREEMENT: I AGREE TO BE FULLY RESPONSIBLE FOR ALL UTILITY CHARGES ASSESSED TO ME AT THE ABOVE NOTED PROPERTY. I AGREE TO PROMPTLY PAY FOR UTILITY SERVICES RECEIVED ACCORDING TO THE SCHEDULE OF UTILITY RATES IMPLEMENTED BY CAMBRIA COMMUNITY SERVICES DISTRICT. I AGREE TO COMPLY WITH ALL CURRENT AND FUTURE FEDERAL AND STATE LAW, CAMBRIA ORDINANCES AND REGULATIONS, AND CAMBRIA COMMUNITY SERVICES DISTRICT PROCEDURES AND GUIDELINES.

APPLICANT UNDERSTANDS THAT THE ACCOUNT SECURITY DEPOSIT COLLECTED TO OPEN A NEW ACCOUNT WILL BE REFUNDED BY BEING APPLIED TO THE APPLICANT'S FINAL CLOSING BILL AFTER THE ACCOUNT IS CLOSED AND ALL ACCOUNT CHARGES HAVE BEEN SATISFIED.

X _____
Applicant Signature Date

X _____
Applicant Signature Date

OFFICE USE ONLY: DEPOSIT

DATE PAID: _____

CASH/CHECK #: _____