



# Water and Wastewater Service Application

## Cambria Community Services District

PO Box 65 Cambria, CA 93428

Phone: (805) 927-6223

An account start fee of \$38.50 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. It is highly recommended to include everyone that will need access to account information to be on the application. Valid photo identification is required for all account holders.

Service Address \_\_\_\_\_

Start Date \_\_\_\_\_

### OWNER INFORMATION (I am purchasing this property, or I am the current owner)

CCSD CODE SECTION 4.16.050 REQUIRES ALL RESIDENTIAL BUILDINGS TO BE RETROFITTED WITH OWNERSHIP CHANGE

Owner Name \_\_\_\_\_

Add'l Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Email \_\_\_\_\_

Last 4 Digits Soc Sec # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Phone # \_\_\_\_\_

**PLEASE CHECK HERE FOR PAPERLESS BILLING (EMAIL STATEMENTS ONLY)**

### TENANT INFORMATION (I am renting from the property owner or through an agency)

Tenant Name \_\_\_\_\_

Add'l Tenant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Email \_\_\_\_\_

Last 4 Digits Soc Sec # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Management Co./Owner \_\_\_\_\_ Phone # \_\_\_\_\_

**DEPOSIT OF \$100.00 IS REQUIRED FOR ALL TENANTS. THE DEPOSIT WILL BE APPLIED TO YOUR FINAL CLOSING BILL**

OFFICE USE ONLY: DEPOSIT CASH/CHECK DATE RECEIVED \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_