Return To: Shasta Community Services District

P.O. Box 2520, Shasta, CA 96087

Phone: (530) 241-6264 WEB: contact@shastacsd.org

APPLICATION FOR WATER SERVICE

Phone:	_Cell:	Acct No:
Name of Applicant:		
Mailing Address:		
Service Location:		
Date of Occupancy:	E-mail	
Are You a Renter or Owner	?	
Property Owner:		Phone:
Birthdate:	_CA Driver's License No:	
Applicants Employer:	Tel	ephone:
Social Security No:		
Spouses Employer:	Tel	ephone:
Social Security No:	Depo	osit Paid Date:
Date:Signa	ture:	
of being supplied water, I promise to abide b manner as provided therein. I also agree to pa to enforce payment. It is understood that the	by the District's rules, regulations ay all reasonable attorney fees a District may discontinue water s	e property listed on this document. In consideration s, and rates, and to pay the District in a timely nd court costs, or other costs incurred by the Distric
any specific quantities of water or specific w		his in water service nor does the District guarantee
I agree to give written notice at least 48 hour service installation must be accompanied by		he property is to be discontinued. Application for a
on any service where the water pressure prov	vided by the district may exceed ly with governmental regulation	the service line between the meter and the dwelling 75 pounds per square inch. A cross connection s. In addition, if you have a booster pump, pump
I, THE SUBSCRIBER, CERTIFY THAT TO COMPLY WITH THE "SUBSCRIBE		TIDED HEREIN IS CORRECT AND I AGREE FORTH ABOVE.
SIGNED:		<u> </u>