



HELENDALE COMMUNITY SERVICES DISTRICT

26540 Vista Road, Suite B, P O Box 359, Helendale, CA 92342 Ph: (760) 951-0006 Fax: (760) 951-0046

OWNER APPLICATION FOR WATER/SEWER/TRASH SERVICE

Escrow Close Date: _____ CSD ACCT# _____

Trash Service: Y / N Has Barrels: Y / N Extra Barrels? Y / N Blue ____ Green ____

Property Address _____

(If property is under a FAMILY TRUST, provide Trust Name first and Trustee's Name second)

Owner Name (1) _____ Ph# _____

Driver's License _____ Last 4 of SS# _____

Owner Name (2) _____ Ph# _____

Driver's License _____ Last 4 of SS# _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address: _____ Do you want E-Billing? YES / NO

Work# (1) _____ Work # (2) _____

Emergency contact: _____ Phone # _____

Agreement: The applicant, in consideration of being supplied by Helendale Community Services District with water and/or sanitation service on the herein named premises, agrees to pay for the services, and further agrees to the rules and regulations* of the district. This contract shall at all times be subject to changes or modifications by the Helendale Community Services District. *Rules & Regulations are available for viewing upon request.

Deposit Policy*: The District accepts a letter of credit from a water district to waive a deposit. Paid deposits are credited to the customer's utility bill on the 13th month of service if the account meets the deposit refund requirements. *Full deposit policy available upon request.

Bills are mailed the first week of each month and are due upon receipt and considered late if not paid by the last business day of each month. Failure to receive a bill does not relieve Owner of liability. Any amount due shall be deemed a debt to the Helendale CSD and may be subject to disconnection, a lien against the property (which could result in appearing on the property tax bill) and/or legal action, at the option of the Helendale CSD. It is the customer's responsibility to provide updated contact information to the District.

Type or print name Owner/Agent Signature

Type or print name Owner/Agent Signature

I hereby authorize the following additional person(s) to inquire on and or make changes on this account.

Circle one

Name Driver's License # Inquire Only Make Changes

NOTARY ACKNOWLEDGEMENT

State of (_____)
) ss.
County of _____)

On _____ before me

A Notary Public, personally appeared

_____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of (_____) that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

SIGNATURE _____ (Seal)

FOR DISTRICT USE ONLY

Date Received _____ By _____ Meter Read _____ Trash Activated/Inactivated _____

Service Order(s): Meter Read: _____ Trash: _____ Extra Barrel(s): _____

Barrels Delivered on _____ Burrtec Log _____ Driver Log _____ Adjustment \$ _____

Deposit Amt \$ _____ Paid on _____ Form of Payment _____ Deposit Transfer from 12- _____

Waive Deposit Based on Account 12- _____ or Letter of Credit

Moved here from City/State _____ 2nd (vacation home) Military Job Transfer

Other Reason _____

Notes: _____

Verified Ownership by reviewing the following:

Deed of Trust Settlement Doc Grant Deed PIMS