

OCEANO COMMUNITY SERVICES DISTRICT
1655 FRONT STREET | PO BOX 599
OCEANO, CA 93475-0599
TELEPHONE: 805-481-6730 | FAX: 805-481-6836
www.oceanocsd.org

APPLICATION FOR WATER/SEWER SERVICE - TENANT

SERVICE ADDRESS _____
NUMBER STREET UNIT #

Date Service Requested _____

TENANT (RENTER) INFORMATION:

Name _____
Last First Middle

Mailing _____
Number Street Unit or PO Box

City State Zip

Contact _____
Home Telephone Cellular Telephone

Work Telephone E-mail Address

Emergency Contact _____
Name Telephone

Tenant (Renter) Signature _____ Date

NOTICE: Per Section 8.2 of the District's Policy on Discontinuance of Residential Water Services, a Tenant Deposit of \$120.00 is required with this application and before an account can be opened. Tenant is responsible for notifying the District of any/all changes.

E-Bill Option
Email Address: _____
Please note that only the original bill and late notice will be emailed. For past due accounts facing disconnection, "Door Hangers" will be physically placed at the property without emailed or further written notification.

OFFICE USE ONLY:
Tenant Deposit Received _____ Cash Check Debit/Credit

OCS D Account Number _____ Processed _____
Date Entered Initials