



# VALLECITOS WATER DISTRICT

201 Vallecitos de Oro · San Marcos, California · 92069-1453  
Phone (760) 744-0460 · Fax (760) 744-1205 [vwdcustservice@vwd.org](mailto:vwdcustservice@vwd.org)

## CUSTOMER REFERENCE FORM

Welcome to Vallecitos Water District's (VWD) service area. Please call our customer service department or turn in this completed form within 48 hours to avoid interruption of service. Our office hours are Monday through Thursday 7:30 a.m. - 5:30 p.m. or Friday 8 a.m. - 5 p.m.

EFFECTIVE DATE OF SERVICE: \_\_\_\_\_ SERVICE ADDRESS: \_\_\_\_\_

**Please check one and complete the indicated parts and sign Service Agreement. (This is a two-sided form)**

Residential  
Part 1, 2, 3

Business  
Part 1, 2, 3, 4, 5

Agricultural or Combined Residential Agricultural  
Part 1, 2, 3, 4, 5

### Part 1

Property Owner \_\_\_\_\_

Mailing Address (if different than service address): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Part 2 (Applicant name as it should appear on the bill)

Primary Name \_\_\_\_\_ Phone \_\_\_\_\_ SSN or DL# \_\_\_\_\_

Email Address \_\_\_\_\_

Secondary Name \_\_\_\_\_ Phone \_\_\_\_\_ SSN or DL# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### Part 3

Per Ordinance No 214 VWD requires a \$150.00 deposit for all renter or owner accounts upon establishment of service. This deposit is refunded to the account at the close of service for renters or after one year of timely payments for owners. Do not submit a payment at this time. The full \$150.00 deposit will appear on the first invoice.

**INITIAL REQUIRED:** \_\_\_\_\_

**Part 4** (please check one)  Property Owner (see reverse)  Tenant or Lessee  Property Manager (see reverse)

Business Name: \_\_\_\_\_

Attn: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_ Type of business: \_\_\_\_\_

### Part 5

**Initial required below (all non-residential customers):**

Water and wastewater capacity entitlements have been purchased for the property. Capacity may have been estimated based on intended property use. Per current District Ordinance, following commencement of service, the account will be monitored for flow volume. If flow exceeds the purchased capacity, the purchase or lease of additional capacity may be required. The District encourages voluntary conservation efforts

**INITIAL REQUIRED:** \_\_\_\_\_

### Service Agreement

The undersigned agrees to assume responsibility for all charges on this account from the effective date of service and to notify VWD of any changes to the information stated above. The undersigned further agrees to notify VWD when responsibility for this account ceases and to provide a correct forwarding address for the closing bill. If at any time this account is overdue, VWD retains the right, after sufficient notification, to discontinue service and charge any applicable penalties and fees. The ready-to-serve and sewer are fixed permanent charges assessed during lengths of absences or if meter is locked.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**Please retain a copy of this form for your records.**

**-- continued on reverse side --**

Notice Date:

VWD use only: Account No.:



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## Automatic Account Rollover Option

Property owners and property managers:

If this is a rental property that will be changing tenants periodically and you, the owner, would like to have service automatically transferred back into your name upon a tenant vacating the service address noted on the reverse side of this form, please sign below. It will be your responsibility, as the property owner, to notify VWD of any changes in property ownership or mailing address and telephone information.

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

Completed by (please check one)  Property Owner  Property Manager

### Owner Information

Property Owner Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Property Manager Information

Name: \_\_\_\_\_ Attn: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_