

Notice Date : 12/5/2017

Account No.:

VWD use only: Received



VALLECITOS WATER DISTRICT

201 Vallecitos de Oro · San Marcos, California · 92069-1453 Phone (760) 744-0460 · Fax (760) 744-1205

CUSTOMER REFERENCE FORM

Welcome to Vallecitos Water District's (VWD) service area. We are pleased to be your water and/or wastewater service provider. Please call our customer service department within 48 hours to avoid interruption of service, so that we may set up your account. This completed form may be mailed or faxed to us, or stop by our office Monday through Thursday 7:30 a.m. - 5:30 p.m. or Friday 8 a.m. - 5 p.m. We also have a curbside drop box that may be used to drop off this form, as well as payments.

EFFECTIVE DATE OF SERVICE: _____ SERVICE ADDRESS: _____

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

- Residential Part 1, 2, 4, 6
- Business Part 1, 3, 4, 5, 6
- Agricultural or Combined Residential Agricultural Part 1, 2 or 3, 4, 6

Part 1

Per Ordinance No 186 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 2 (please check one) Property Owner (see reverse) Tenant or Lessee Property Manager (see reverse)

Customer Name(s): _____
Mailing Address: _____ SSN or DL#: _____
City/State/Zip: _____ e-mail: _____
Phone: (H) _____ (W) _____ (C) _____

Part 3 (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 4

Property Owner (if different from above): _____
Mailing Address: _____ Phone: _____
City/State/Zip: _____

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:** _____

Part 6

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: _____

We look forward to being of service to you. Please contact our customer service department at 760.744.0460 or visit our website at www.vwd.org to learn more about Vallecitos Water District. Please retain a copy of this form for your records. **continued on reverse side** –



VALLECITOS WATER DISTRICT

201 Vallecitos de Oro · San Marcos, California · 92069-1453 Phone (760) 744-0460 · Fax (760) 744-1205

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: _____

(please check one) Property Owner Property Manager (Please attach agreement)

Owner Name: _____

Phone: _____ Phone: _____

Name: _____ Attn: _____

Mailing Address: _____

City/State/Zip: _____

e-mail: _____

Phone Number(s): _____ Fax: _____

Printed Name: _____ Date: _____

Signature: _____ Title: _____

Notice Date:

Account No.:

Customer #

VWD use only: Received