



**VALLECITOS WATER DISTRICT**

201 Vallecitos de Oro San Marcos CA 92069-1453 760.744.0460 A PUBLIC AGENCY Fax 760.744.5989

**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 Friday, between 8 a.m. and 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 I, 3, 5
- Business Part 2, 3, 4, 5
- Agricultural or Combined Residential Agricultural Part I or 2, 3, 5

**Part I** (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 2** (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 3**

Property Owner (if different from above): \_\_\_\_\_

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

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

**Part 4 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 5**

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](http://www.vwd.org) to learn more about Vallecitos Water District.*



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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: \_\_\_\_\_

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

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