



SAN MIGUEL COMMUNITY SERVICES DISTRICT

1150 MISSION ST. | PO BOX 180 | SAN MIGUEL, CA 93451 | (805)467-3388 | Fax: (805)467-9212

WATER AND/OR SEWER SERVICE APPLICATION

Application Date: _____ Customer #: _____

*Have you ever had Water and/or Sewer service in San Miguel? **Yes / No** If yes, name on account or previous address: _____

PROPERTY INFO

Service Address _____ Service Start Date: ____/____/____

Lot # _____ Tract # _____ APN # _____ - _____

BILLING INFO: OWNER TENANT

Garbage set up: Yes NO

(\$120.00 Deposit is due prior to start of service for all Non-Owners. Deposit is applied to your final closing bill.)

Applicant's Name: _____ Cell Phone : (____) _____ - _____

Spouse/Co-Occupant: _____ Cell Phone : (____) _____ - _____

Mailing Address: _____ Home Phone: (____) _____ - _____
Street / P.O. Box City Zip

Email: _____ License #: _____ SSN: XXX - XX - _____

Employer Name: _____ Elderly-Third party Name: _____ Number: (____) _____ - _____

OWNER INFORMATION: (If different from applicant)

Owner Name: _____ I attest to the above tenant signing this agreement and understand if the tenant does not comply with the terms and conditions that ultimate liability falls upon myself as the owner of the property.

Owner Signature: _____ (This field is required for tenants applying for service)

Owner's Mailing Address: _____ Phone #: (____) _____ - _____

SERVICE INFORMATION: (for office use) New Hook up Existing

Meter #: _____ Service Order #: _____ Final/Start Meter Read: _____

TERMS AND CONDITIONS

The undersigned Applicant hereby requests the San Miguel Community Services District, herein referred to as SMCSO, provide services as noted above in accordance with the applicable connection fees, service charges, ordinances, rules and provisions of the SMCSO. In consideration of the SMCSO's acceptance of this application and contract, applicant hereby understands, certifies and agrees as follows:

- **Payment-** The applicant agrees to pay for water and/or sewer services rendered by the SMCSO. Charges for services will be made at the regular established rates for the class of service applicable to the applicant. It is the consumer's responsibility to review the bill for accuracy and notify the SMCSO of any concerns, issues or discrepancies. **Billing Policy:** www.sanmiguelcsd.org
- **Delinquency-** Payment are **Due Upon Receipt**, accounts will be considered past due after 30 days from billing date indicated on the billing statement. **Payments received after the will be assessed a 10% penalty of any unpaid balance.** The applicant agrees to pay reasonable expenses of collection, including attorney's fees and court costs should it become necessary to use such measures to collect the charges made to the applicant's account. The SMCSO shall terminate service on delinquent accounts not paid after notice. **Billing Policy:** www.sanmiguelcsd.org In order to restore service, the customer must bring current all delinquent charges. In addition, SMCSO will charge a reconnection fee. A fee of \$30.00 will be charged for each returned check.
- **Reasonable Access-** The applicant shall permit the SMCSO authorized representatives to enter on the customer's premises at all reasonable times for purposes connected with rendering, billing, or disconnecting utility services. Service may be terminated if access is not permitted.
- **Termination of Service-** The applicant agrees to be responsible for the payment of utility charges incurred at these premises until their responsibility is terminated in one of the following ways:
 1. By requesting termination of service in writing or in person at the SMCSO office.
 2. By coordinating transfer of the account to a new owner or tenant. **Billing Policy:** www.sanmiguelcsd.org

The applicant warrants that all information provided by them in this application is true and correct and understands that false or misleading information shall be cause for the SMCSO to deny or cancel service and demand immediate payment of any amounts which are due.

Service is not valid until Utility Service Agreement is signed and received by an authorized agent of San Miguel Community Services District.

By signing, I agree that I have read the terms and conditions listed above and agree to comply: www.sanmiguelcsd.org

Print : _____ Sign: _____ Date: ____/____/____

Billing Policy information in Spanish, Chinese, Tagalog, Vietnamese, and Korean on District Website: www.sanmiguelcsd.org