

Application for Water Service

Lakeside Water District

10375 Vine St., Lakeside, CA 92040

619-443-3805

Fax to 619-443-3690 or E-mail to form@lakesidewater.org

Service Address _____

Deposit Required. Single Family \$200 Multi-Family Call Commercial Call

If paying a deposit with credit card or online USE ACCOUNT 00300001 & Write payment confirmation here.

Payment Confirmation # _____ Or pay by check / cash / money order.

Bill to Name _____

Owner _____ Tenant _____ Other _____

Home Phone _____

Cell Phone _____

E-mail _____ Fax _____

Social Security/Tax ID _____

Contact _____

Billing Address _____

Service Starting Date _____

Owner / Tenant Signature _____

By signing this application for water service you agree that the above information is true and correct. You also agree to pay the water bill which is billed every two months, net 20, with a 10% late fee and possible disconnection from service and collection fees if the account is not paid.

For Office Use Only

_____	_____	_____	_____	_____
Account Number	Book /Seq #	Received By	Date	W.O.#