

# 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.

\$10 Set-up fee on all accounts.

*For Office Use Only*

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