

QUINCY COMMUNITY SERVICES DISTRICT

900 SPANISH CREEK RD., QUINCY, CA. 95971-9393

PHONE: 530-283-0836/FAX: 530-283-0838

APPLICATION FOR SERVICE

ACCOUNT NO. _____

SERVICES NEEDED:	WATER <input type="checkbox"/>	SEWER <input type="checkbox"/>
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OWNER'S NAME	DATE
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SERVICE STREET ADDRESS			
BILLING ADDRESS			
CITY	STATE	ZIP	-

SS# (OPTIONAL)	DRIVER'S LIC.#
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HOME PHONE	WORK PHONE
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EMPLOYER
EMPLOYER ADDRESS

SPOUSE	SS# (OPTIONAL)	NONE M
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START WATER/SEWER SERVICE ON: _____

Applicant(s) accepts responsibility for payment for the service(s) indicated above at the rates and charges applicable as contained in Quincy Community Services District (QCSD) Ordinances and Resolutions, a copy of which is available for examination at the District office. Applicant also agrees to conform to and abide by the District's Ordinances, Resolutions, and rules and understands bills paid after the due date are subject to a basic penalty of ten-(10) percent and monthly penalty of one-(1) percent. Applicant(s) agree to pay all collection/lien costs on delinquent charges and fees. Applicant(s) agree to notify the District prior to moving/ending service and be responsible for all charges until the QCSD is so notified. I authorize QCSD to verify any information I provide, such as employer, etc. I agree to make access available to the water meter(s) at all times.

SIGNATURE _____ **DATE** _____

This is an Equal Opportunity Utility. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the Administrator, Rural Development, USDA, Washington, DC 20252-0700.

OFFICE USE: FEE INHANCE TAABS IMS MAP

www.quincycsd.com