_____ ACCOUNT NO.

$_____ CONNECTION FEE

$_____ DEPOSIT (if applicable)

SERVICE AND BILLING AGREEMENT

SANTA YNEZ RIVER WATER CONSERVATION DISTRICT, IMPROVEMENT DISTRICT NO. 1

P.O. BOX 157, SANTA YNEZ, CA 93460 • (805) 688-6015

APN#_____ **DATE REQUIRED**_____

LOCATION_____ DEPOSIT REQUIRED ____Yes ____No

NAME OF APPLICANT_____ DRIVERS LICENSE #_____

MAILING ADDRESS_____ SPOUSE'S NAME_____

CITY_____ STATE _____ ZIP_____

The applicant hereby agrees to observe all District Rules and Regulations now or hereafter adopted related to water service and to pay water bills promptly.

Signed_____ Date:_____

Owner ☐ Renter ☐

Telephone Home:_____

Cell: _____

Employed By_____ Work_____