

_____ \$ _____
ACCOUNT NO. ACTIVATION FEE DATE REQUIRED

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 * FAX (805)688-3078 * www.syrwd.org

SERVICE LOCATION: _____

APPLICANT: _____ SPOUSE/CONTACT: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

DRIVERS LICENSE #: _____ STATE: _____ HOME PHONE: _____

CELL NUMBER: _____ WORK NUMBER: _____

EMPLOYED BY: _____

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