

GOLDEN HILLS COMMUNITY SERVICES DISTRICT

Mail: PO Box 637, Tehachapi, CA 93581-0637

Phone: 661-822-3064

Physical Address **no** mail: 21415 Reeves Street, Tehachapi, CA 93561

Fax: 661-822-8284

Email: staff@ghcsd.com

APPLICATION FOR SERVICE - SINGLE FAMILY RESIDENCE

Please print all information

- Check one: OWNER (proof of ownership)
 TENANT (owner authorization – see * below)
 REALTOR/PROPERTY MGR/OWNER'S AGENT (agency agreement or equivalent)
 CONTRACTOR/BUILDER (supportive document)
 DEFAULT CUSTOMER PER CA GOVERNMENT CODE 60370

Name _____ Service Start Date _____

Service Address _____ Tract _____ Lot _____

Mailing Address: _____

City _____ ST _____ Zip _____

Phone Number(s) _____

Owner's Name _____ Owner's Phone _____

Owner's Mailing Address _____

City _____ ST _____ Zip _____

"I hereby apply to the Golden Hills CSD for water in accordance with all Ordinances, Resolutions, and rate schedules now or hereafter in effect. I agree to be individually liable of all charges accruing for this service without notice or demand. I hereby waive any claim against the District arising out of interruption of service for any reason, with or without notice and I understand that the owner of the property shall be responsible for all water charges, damages and/or penalties associated with the property, including, but not limited to, all water charges, damages and/or penalties accrued by tenants to the property."

* Signed Owner/Agent Authorization _____ Date _____

Signed Customer _____ Date _____

Emergency Contact _____ Phone Number _____

For Office Use Only

Account Number _____

Date Service Established _____ Meter Read _____

Meter Size _____ Installation Date _____ Check/Receipt # _____

Deposit \$175.00 (ck/ca) Date Paid _____ Check / Receipt # _____

App Fee \$45.00 (ck/ca/cc) Date Paid _____ Check / Receipt # _____

(please pay deposit and application fee with separate checks)