

County of San Bernardino – Special Districts Department
WATER/SANITATION DIVISION
12402 Industrial Boulevard D-6 • P.O. Box 5004 • Victorville, CA 92393-5004
(760) 955-9885 • Fax (760) 955-9685

APPLICATION FOR WATER AND/OR SANITATION SERVICE

Account # _____ Billing Cycle _____ Parcel No. _____

Street Address _____

OWNER NAME _____ Phone _____

Mailing Address _____ City _____ St _____ Zip _____

Employer _____ Phone _____

Address _____

Last Four Digits of SS No. _____ Driver's License No. _____

Close of Escrow Date _____ Billing Start Date _____

Person to contact, other than owner, in case of emergency _____

_____ Phone _____

Additional Information (if known):

PREVIOUS OWNER _____

Forwarding Address _____

ESCROW COMPANY _____

Address _____

Escrow Officer _____ Phone _____

AGREEMENT: The property owner/authorized representative signing this application shall be liable for services and their associated fees/charges as supplied by the County of San Bernardino, Special Districts Department, Water/Sanitation Division (Division) until notification in writing to discontinue service due to property sale or legal transfer is provided. All bills for service shall be considered a debt against the property and, at the option of the Division, legal action may be taken that could result in a lien being recorded against the property for unpaid debt. Signature of this application guarantees payment of future bills and agreement to all the Rules and Regulations and Ordinances for Division.

Owner's Signature

Date

-- FOR OFFICE USE ONLY --

Account Status _____

Change Requested By _____

Closing Read _____

Information Taken By _____

Read Date _____

Dated _____

Service Order # _____

Processed by – Initials _____