

LOS ALAMOS COMMUNITY SERVICES DISTRICT

82 North Saint Joseph St • (805) 344-4195 • Fax (805) 344-2908

Post Office Box 675, Los Alamos, California 93440

LACSD Office Open Monday Through Thursday-Closed on Fridays

NON-RESIDENTIAL OWNER REQUEST FOR TENANT BILLING

I, _____,
Owner's Name (Printed)

as owner of the property described below, hereby request that the Los Alamos Community Services District has water and sewer service charges on the property located at:

Street address

billed to the following tenant(s) who is (are) leasing such premises:

Tenant Name(s)	Date Service to Commence	Account Number
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Tenant Mailing Address

Phone Number

Email Address

The undersigned is the owner of the property described above and hereby applies for water and sewer service for the property. Along with this application, applicant submits the following:

1. The use of the property will be only for: _____
2. A cash guarantee deposit of an amount equal to twice the estimated monthly billing to be used as security for District charges. Unless EITHER Applicant has a record of timely payment for the past three years for service from the District OR submits evidence from Applicant's previous water supplier of timely payment for the past three years. If payments become delinquent twice in a four-month period, a cash guarantee deposit will then be required. In lieu of a deposit or letter of credit, the Applicant(s) may set up automatic monthly payments using their credit/debit card.

I understand that such billings are a convenience to me and that I am responsible for the ultimate payment of all water and sewer charges, interest and penalties found to be uncollectible by the District, and that at any time when such charges are delinquent the water and/or sewer service may be discontinued at the above-described location until such charges are paid in full. I further understand that I am responsible for assuring that the water and sewer services are used in accordance with District rules and regulations.

Upon Tenant vacancy, Owner wishes service to be _____ Locked off or _____ Back into Owners Name. (Please check one)

DATE

OWNER'S SIGNATURE

OWNER'S ADDRESS

TELEPHONE NUMBER

EMAIL ADDRESS

Office Use Only

Account Number: _____ Service ID: _____

Meter Number: _____ Size: _____