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

APPLICATION FOR NEW WATER AND SEWER SERVICE

(Other than Single-family residence)

,	
NAME OF OWNER(S):	
Mailing Address:	i .
Date Service to Commence:	Telephone:
Email Address:	
This application is for service to property a	ut:
	A.P.N
Office	
Motor Number	Service ID: Size: Waived
Deposit Coch/Chools	Size
Deposit Cash/Check	warved
1. A cash guarantee deposit of an billing to be used as security fo has a record of timely payment District OR submits evidence fit timely payment for the past three in a four-month period, a cash gof a deposit or letter of credit, the payments using their credit/deb	Along with this application, the applicant(s) amount equal to twice the estimated monthly r District charges. Unless EITHER Applicant for the past three years for service from the rom Applicant's previous water supplier of ee years. If payments become delinquent twice guarantee deposit will then be required. In lieu the Applicant(s) may set up automatic monthly bit card.
County and District ordinances, resolution Standards and Specifications, and the appr	on and service must be in accordance with all is, rules and regulations, the District's roved construction plans and specifications, if erform work. All payments must be made in a
. ,	t to the District for previous service. MOST N WORK REQUIRES A DISTRICT PERMIT. ANY WORK.
Date	
Applicant Signature(s)	