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

(Single-family residence)

NAME O	F OWNER(S):	
Mailing A	ddress:	
Date Service to Commence:		Telephone:
Email Address:		
This appli	cation is for service to property	at:
		(Street Address)
	Office	Use Only
		Service ID:
	Meter Number:	Size:
	Deposit Cash/Check	Size: Waived
	A cash guarantee deposit of an billing to be used as security for has a record of timely payment District OR submits evidence timely payment for the past the in a four-month period, a cash	only as a single-family residence. amount equal to twice the estimated monthly or District charges. Unless EITHER Applicant to for the past three years for service from the from Applicant's previous water supplier of ree 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 as Standards any. Projumely materminati	nd District ordinances, resolutions and Specifications, and the apperly licensed contractors must panner. <i>Warning: If your home is</i>	on and service must be in accordance with all as, rules and regulations, the District's roved construction plans and specifications, if perform work. All payments must be made in a equipped with a fire sprinkler system, the water to the fire sprinkler system and your home
Applican	t (does / does not) owe an amoun	nt to the District for previous service.
Date		
Applican	t Signature(s)	