

Account Number: _____

Emergency Contact Number: _____

**JULIAN COMMUNITY SERVICES DISTRICT
P. O. BOX 681
JULIAN, CA 92036-0681
760-765-0483**

APPLICATION FOR SERVICE
OR
TRANSFER OF SERVICE

Account# _____ Parcel Number _____ EDU's Assigned _____

Parcel Address _____

Property Owner's Name _____

Property Owner's Mailing Address _____

Property Owner's Phone# _____ Property Owners Emergency # _____

Property Owner's Email Address _____

Tenant's Name _____

Tenant's Phone# _____ Tenant's Emergency # _____

Tenant's Email Address _____

Account Billing Address _____

Effective Date _____

Property Use: Vacant Lot ____ Residential ____ Commercial ____

I, _____, Declare:

1. That I am the Owner of Record of the above referenced property
2. I hereby request that the above referenced property be provided with water service under the terms and conditions of the Rules and regulations of the Julian Community Services District.
3. I agree that in the event that I fail to pay any amounts required by me to be paid to the Julian Community Services District, including, but not limited to water rates, EDU charges, or any other cost, fee or charge. I hereby authorize the Julian Community Services District to record a Lien Certificate on my real property until the same shall be fully paid with interest.
4. I acknowledge receipt of a copy of the Rules and Regulations of the Julian Community Services District, and hereby agree to all terms and conditions set forth therein.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this _____ day of _____, _____, at _____ California.

_____, Property Owner

_____, Tenant