



# COUNTY OF SAN DIEGO

**Campo Water Maintenance District**

5500 Overland Ave., Suite 315

San Diego, CA 92123

Phone: (858) 514-4990

Fax: (858) 505-6394

Emergency Number: (858) 565-5262

## Water Service Application

### Applicant Information

Property

Owner

Name: \_\_\_\_\_

*Last*

*First*

*M.I.*

Date: \_\_\_\_\_

Service

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parcel Number:

			-				-			-		
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Lot Number:

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Billing

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Date to Begin Service: \_\_\_\_\_

Single Family Dwelling:

Business:

Business Name: \_\_\_\_\_

I agree to pay all monthly water service charges required by County ordinance and to comply with all County ordinances, requirements, specifications and applicable state and federal laws. I agree all past due accounts are subject to a finance charge of 1 1/2 % per month, 18% per annum, or the maximum amount permitted under state and federal laws. I understand failure to pay may result in termination of service and if collection efforts become necessary I am responsible for all collection costs, court costs and/or attorney fees incurred.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Below County Staff Only

Meter Number: \_\_\_\_\_

Customer Number: \_\_\_\_\_