

McKinleyville CSD.
1656 Sutter Road P.O. Box 2037 McKinleyville, CA 95519
Phone (707) 839-3251 FAX (707) 839-8456 EMAIL
mcsd@mckinleyvillecsd.com

Name to appear on bill:

Service address:

Mailing Address:

(If Different)

Do you own this property? YES NO E-mail:

Date of Birth: Employer:

Phone number: Cell Phone Number:

Social Security/Tax ID #: Driver's License #
(last 4)

If there was a major water leak at your address and we were unable to contact you, please provide us with the name and phone number of a person who would be able to get in contact with you or deal with the situation. >>>NOTE: THIS SHOULD BE SOMEONE OTHER THAN YOURSELF<<<

Name: Phone number:

I, the undersigned, hereby request that the McKinleyville Community Services District deliver utility services to the address listed above. I do hereby agree to comply with the applicable provisions of the Rules and Regulations and the standard specifications of the McKinleyville Community Services District, copies of which are available upon request.

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SIGNATURE:

Date you would like service to begin:

Once we have received your completed application, we will contact you to collect the applicable processing fee and deposit.

FOR OFFICE USE ONLY

DATE: RECEIPT #: TOTAL: ALT RTE/SVC: