OCEANO COMMUNITY SERVICES DISTRICT

1655 FRONT STREET, OCEANO, CA 93445 • PO BOX 599,OCEANO, CA 93475-0599
TELEPHONE: 805-481-6730 | FAX: 805-481-6836
www.oceanocsd.org

APPLICATION FOR WATER/SEWER SERVICE - TENANT

SERVICE ADDRESS _____
NUMBER STREET UNIT #

DATE SERVICE REQUESTED _____

OWNER / PROPERTY MANAGEMENT INFORMATION:

DO YOU HAVE PERMISSION FROM THE OWNER/PROPERTY MANAGEMENT TO OPEN A TENANT ACCOUNT:

☐ **YES** ☐ **NO**

NAME: _____

ADDRESS: _____

PHONE: _____

TENANT INFORMATION:

NAME (FIRST, MIDDLE, LAST): _____

MAILING ADDRESS: _____

PHONE NUMBER (Home): _____

PHONE NUMBER (Cell): _____

PHONE NUMBER (Work): _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION:

NAME / PHONE NUMBER:_____

☐ **E-Bill Option: If you would like to receive a digital copy of your bill, please provide your email address below. Please be advised that only the bi-monthly bill and the late notice will be provided by email. For past-due accounts facing disconnection, a hard copy "Door Hanger" for $25.00 will be physically placed at the property without email, written, or telephone notification.**

EMAIL ADDRESS: _____

NOTICE: Per Section 8.2 of the District's Policy on Discontinuance of Residential Water Services, a Tenant Deposit of $120.00 is required with this application and before an account can be opened.

FOR OFFICE USE ONLY - DEPOSIT RECEIVED **OCSD ACCOUNT NUMBER:** _____
DATE: _____
☐ **CASH** ☐ **CHECK** ☐ **CREDIT/DEBIT CARD**

Revised 04/2026