



# Indian Valley Community Services District

*"Providing services for our community health, well-being, and prosperity."*

P.O. Box 899, 127 Crescent St. Greenville CA. 95947  
Phone (530) 284-7224, Fax (530) 284-0894  
indianvalleycsd.com Email: ivcsd@frontiernet.net

## Board of Directors

Mina Admire  
Wayne Dannemiller  
Lee Anne Schramel  
Robert Heard  
Bob Orange

### Application for Water Service

Name: \_\_\_\_\_  
(Please Print) Last Name First Name Middle Name

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State Issued I.D.# \_\_\_\_\_

Service Address \_\_\_\_\_ Birth Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
(P.O. Box, etc.) (Optional)

Phone# \_\_\_\_\_ Date to Begin Service: \_\_\_\_\_

Service Classification: (circle one) Residential Commercial

Applicant Status: (circle one) Owner Renter Agent

**\*Renters Only-Required\***

Property Owner Name \_\_\_\_\_

Property Owner Address \_\_\_\_\_

Property Owner Phone # \_\_\_\_\_ Account # (office) \_\_\_\_\_

**\_\_\_\_\_ If you are a renter, please note that YOUR PROPERTY OWNER WILL BE NOTIFIED IF YOUR SERVICE IS IN DANGER OF TERMINATION DUE TO NON-PAYMENT.**

Please be aware that a deposit of \$200.00 will be required to begin service. Return this application with Check, Cash, Money Order made payable to IVCSD, or Credit/Debit card can be processed over the phone or in the office.

I, \_\_\_\_\_, hereby apply for water/sewer services from the Indian Valley Community Services District at the property listed above. I agree to pay for these services in accordance with the rates and rules in effect, and as established by the board of directors of the IVCSD.

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

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