



SERVICE REQUEST FORM

(Please allow two working days for processing; you will be contacted with the phone number provided)

Select One:			<input type="checkbox"/> Start Service	<input type="checkbox"/> Stop Service
Account Number:				
Service Address:				
Move-In / Move-Out Date:				
Customer Information				
Last Name:		First Name:		
Daytime Phone:		Cell Phone:		
Email Address:				
Relationship to Property:				
<input type="checkbox"/> Own		<input type="checkbox"/> Rent		<input type="checkbox"/> Manage
DL #:		DL #:		Tax ID#:
Employer:		Employer:		Company:
Mailing/Billing Address (If Different From Service Address)				
Street Address/P.O. Box:				
City/State:			Zip Code:	
Additional Responsible Billing Party				
Last Name:			First Name:	

<input type="checkbox"/>	Continuity of Service: Owner's Agreement
By checking this box:	
<ul style="list-style-type: none"> - Water services for this property will be automatically transferred into your name when a tenant discontinues services. - You agree to be financially responsible for the water bill incurred until a new tenant starts services. 	
Please notify us when you no longer own or manage this property.	
<i>By signing below, I have read and agree with the above.</i>	

Signature	Date

To submit a completed form, please choose one of the following methods:

Email - customerservice@rinconwater.org

Mail - 1920 North Iris Lane
Escondido, CA 92026

Fax - (760) 745-4235