

# GOLDEN HILLS COMMUNITY SERVICES DISTRICT

Mail: PO Box 637, Tehachapi, CA 93581-0637

Physical Address **no** mail: 21415 Reeves Street, Tehachapi, CA 93561

Email: [staff@ghcsd.com](mailto:staff@ghcsd.com)

Phone: 661-822-3064

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## APPLICATION FOR SERVICE - SINGLE FAMILY RESIDENCE

Please print all information

Check one:

- OWNER (proof of ownership)
- TENANT (owner authorization – see \* below)
- REALTOR/PROPERTY MGR/OWNER'S AGENT (agency agreement or equivalent)
- CONTRACTOR/BUILDER (supportive document)
- DEFAULT CUSTOMER PER CA GOVERNMENT CODE 60370

Name \_\_\_\_\_ Service Start Date \_\_\_\_\_

Service Address \_\_\_\_\_ Tract \_\_\_\_\_ Lot \_\_\_\_\_

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

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Email: \_\_\_\_\_

"I hereby apply to the Golden Hills CSD for water in accordance with all Ordinances, Resolutions, and rate schedules now or hereafter in effect. I agree to be individually liable of all charges accruing for this service without notice or demand. I hereby waive any claim against the District arising out of interruption of service for any reason, with or without notice and I understand that the owner of the property shall be responsible for all water charges, damages and/or penalties associated with the property, including, but not limited to, all water charges, damages and/or penalties accrued by tenants to the property."

\* Signed Owner/Agent Authorization \_\_\_\_\_ Date \_\_\_\_\_

Signed Customer \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

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### For Office Use Only

Account Number \_\_\_\_\_

Date Service Established \_\_\_\_\_ Meter Read \_\_\_\_\_

Meter Size \_\_\_\_\_ Installation Date \_\_\_\_\_ Check/Receipt # \_\_\_\_\_

**Deposit \$175.00 (ck/ca)** Date Paid \_\_\_\_\_ Check / Receipt # \_\_\_\_\_

**App Fee \$45.00 (ck/ca/cc)** Date Paid \_\_\_\_\_ Check / Receipt # \_\_\_\_\_

*(please pay deposit and application fee with separate checks)*