



Directors

Lawrence Knapp, President
Steven M. Lagorio, Vice-President
Myron Blanton
Elaine Reed
Douglas E. Smith

LINDEN COUNTY WATER DISTRICT

Tenant Request for Establishment of Service

I, _____, request Linden County Water District to establish water and/or sewer service at _____.

I am a tenant at the above listed property and understand that I am responsible for payment of the monthly charges for water and/or sewer service, plus a non-refundable Establishment Fee of \$15.00.

I understand that water will be billed on a metered/usage rate. Billing is performed on the 10th of each month, and due the 5th of the following month. Discontinuance of service requests must be in writing or using L.C.W.D. "Request to Discontinue Service Form". I understand that L.C.W.D is unable to backdate any services.

I request the date service become effective to begin _____.

For our customer's convenience, there is a 24-hour "Water District" payment drop located in front of the Linden-Peters Fire Department.

Name _____

Mailing Address _____

Phone Number _____

Signature _____

Date _____

Request received by _____

L.C.W.D Representative

Date

Please sign and return, your account will be billed the \$15.00 fee. Thank you.

18243 E. Hwy 26 – P. O. Box 595 – Linden, CA. 95236
Phone (209) 887-3216 Fax (209) 887-3972 www.lindencwd.com