



**CHANNEL ISLANDS BEACH**

**COMMUNITY SERVICES DISTRICT**

AKBAR ALIKHAN  
General Manager

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A PUBLIC ENTITY SERVING CHANNEL ISLANDS BEACHES AND HARBOR • CIBCSD.COM

**AGREEMENT FOR SERVICE: WATER, SEWER, TRASH**

To begin service, submit (1) a completed Agreement and (2) a copy of a Driver's Licence OR State ID for the name on the Agreement. Within 10 business days of starting service date, submit deposit of \$150 for residential accounts or \$300 for commercial accounts.

Return agreement and ID copy via email (scanned), mail, or in person. Mail or drop off deposit. No online payments.

STARTING SERVICE DATE: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SEND BILLS TO BOTH ADDRESSES? YES \_\_\_ NO, ONLY BILLING \_\_\_

IF YES, ONLY LATE BILLS SENT TO BILLING ADDRESS? YES \_\_\_ NO \_\_\_

SOCIAL SECURITY: \_\_\_/\_\_\_/\_\_\_ DRIVER LIC #: \_\_\_\_\_ STATE: \_\_\_

EMPLOYER NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ "

WORK PHONE #: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ DRIVER LIC #: \_\_\_\_\_ STATE: \_\_\_ "

SPOUSE PHONE #: \_\_\_\_\_

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EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**IF MANAGEMENT COMPANY OR AGENT IS AUTHORIZED TO MAKE CHANGES TO ACCOUNT:**

NAME: \_\_\_\_\_

" PHONE #: \_\_\_\_\_

NUMBER OF UNITS AT ADDRESS: \_\_\_\_\_

~~TRASH STANDARD PCERS CHECK ONE WEEK~~ " ~~GZVTGEMTCPI"DCCTGN" [ <~~

WALK-IN SERVICE 1x/WEEK \_\_\_\_\_ "GZVTC"TG [ ENG"DCCTGN" \_\_\_\_\_

**APPLICANT ACKNOWLEDGES RECEIPT OF CURRENT UTILITY RATES & ACCEPTS RESPONSIBILITY FOR ALL BILLING WHEN RENDERED. Applicant hereby agrees that service will be accepted in accordance with rates, rules and regulations governing water, sewer, and trash now or hereafter in effect and on file with the Channel Island Beach Community Service District. The undersigned further Agrees to be personally responsible for ALL billing when rendered. Statements are due and payable upon presentation. Service is subject to disconnection if account becomes past due. If service is disconnected for nonpayment, there is a fee and/or penalty. The undersigned, being the owner/renter/property manager, acknowledges receipt of Rules and Regulations pertaining to refuse service and declares under penalty of perjury that the foregoing information is true and correct.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only \*\* Deposit Amount \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Cash Receipt or Check. No. \_\_\_\_\_

Lot # \_\_\_\_\_ Account # \_\_\_\_\_ Date Closed Account \_\_\_\_\_