



PETER MARTINEZ
General Manager

353 Santa Monica Drive • Channel Islands Beach, CA 93035-4473 • (805) 985-6021 • FAX (805) 985-7156 • customerservice@cibcsd.com
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 made payable to "CIBCSD."

Return agreement and ID copy via email (scanned), fax, 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: _____

WOULD YOU LIKE A PAPERLESS BILL SENT TO YOUR EMAIL ONLY?* YES _____ NO _____

*A one-time credit of \$10 will be applied to your account if you choose the paperless option.

SOCIAL SECURITY: _____ / _____ / _____ DRIVER LIC #: _____ STATE: _____

EMPLOYER NAME: _____ ADDRESS: _____

WORK PHONE #: _____

SPOUSE NAME: _____ DRIVER LIC #: _____ STATE: _____

SPOUSE PHONE #: _____

AUTHORIZE SPOUSE TO MAKE CHANGES TO ACCOUNT? PLEASE INITIAL ONE: YES _____ NO _____

EMERGENCY CONTACT PERSON: _____ PHONE #: _____

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

NAME: _____

PHONE #: _____

NUMBER OF UNITS AT ADDRESS: _____

TRASH SERVICE - PLEASE CHECK ONE:

CHECK ANY THAT APPLY:

STANDARD CURB PICK UP 1x/WEEK _____ EXTRA TRASH BARREL _____

WALK-IN SERVICE 1x/WEEK _____ EXTRA RECYCLE BARREL _____

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 _____