

PO Box 388  
388 Blohm Avenue  
Aromas, CA 95004  
Phone: (831) 726-3155  
FAX: (831) 726-3951  
Email: admin@aromaswaterdistrict.org



## APPLICATION FOR SERVICE

Today's date \_\_\_/\_\_\_/\_\_\_

Effective date \_\_\_/\_\_\_/\_\_\_

New Account # \_\_\_\_\_ Service Address \_\_\_\_\_  
(office use only)

Own  Rent  How many residential units? \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Initial

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CONTACT INFO.: e-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

**Billing Delivery Method (circle one):** Printed bill postcard OR email

I agree to take responsibility for payment of water bills for the above location served by the Aromas Water District.

\_\_\_\_\_  
Signature

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License State \_\_\_\_\_ # \_\_\_\_\_

←-----→  
**OFFICE USE ONLY - DISCONTINUANCE OF SERVICE:**

Name \_\_\_\_\_ Account # to Discontinue \_\_\_\_\_

Metered Service: \_\_\_\_\_ Classifications: \_\_\_\_\_

FORWARDING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

Meter read requested \_\_\_/\_\_\_/\_\_\_ WO# \_\_\_\_\_ Reading \_\_\_\_\_ date \_\_\_/\_\_\_/\_\_\_

Final bill sent \_\_\_/\_\_\_/\_\_\_ New acct. opened \_\_\_/\_\_\_/\_\_\_