

WASHINGTON COUNTY WATER DISTRICT

CUSTOMER INFORMATION FORM

All personal information received will be treated as confidential and will not be used by any individual or company other than WCWD

Landowner Name: _____

Service Street Address: _____

Meter Serial Number: _____

Phone: home _____ cell/alternate _____

Email(s) : _____

Add Email to WCWD Public Notice List (circle one) Y/N

Service/Billing start date: _____

Assessor Parcel Number (APN): _____

Billing Address- if different from service address: _____

If Rental, name of Renter: _____

Washington County Water District (WCWD) bills will be mailed to the landowner (**unless the Landowner/Tenant Form is completed**).

Bills are due and payable immediately. Accounts that are 30 days old will be subject to disconnection for non-payment.

Method of Payment:

- Personal and/or business checks are accepted.
- Money orders and/or cashier's checks are accepted.
- No cash will be accepted.

All payment must be made payable to: Washington County Water District or WCWD

All payments must be mailed to P.O. Box 34, Washington, CA 95986

Date: _____ Customer Signature: _____

Date: _____ Board Signature: _____