



COUNTY OF SAN DIEGO

Campo Water Maintenance District

5500 Overland Ave., Suite 315

San Diego, CA 92123

Phone: (858) 514-4990

Fax: (858) 505-6394

Emergency Number: (888) 802-2244

Water Service Application

Applicant Information

Property

Owner

Name:

Last

First

M.I.

Date:

Service

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone:

Email:

Parcel Number:

- - -

Lot Number:

Billing

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Driver's License or California ID Number:

Date to Begin Service: _____

Single Family Dwelling:

Business:

Business Name: _____

I agree to pay all monthly water service charges required by County ordinance and to comply with all County ordinances, requirements, specifications and applicable state and federal laws. I agree all past due accounts are subject to a finance charge of 1 1/2 % per month, 18% per annum, or the maximum amount permitted under state and federal laws. I understand failure to pay may result in termination of service and if collection efforts become necessary I am responsible for all collection costs, court costs and/or attorney fees incurred.

Signature: _____

Date: _____

Below County Staff Only

Meter Number: _____

Customer Number: _____