



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:

* Driver's License or California ID Number:

*Social Security Number:

Date to Begin Service:

Single Family Dwelling:

☐

Business:

☐

Business Name:

Tenant Information (If Applicable)

Tenant

Name:

Last

First

M.I.

Phone:

Email:

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.

(*) Indicates required field, to obtain water service please do not leave California Driver's License Number or Social Security Number blank.

Signature:

Date:

Below County Staff Only

Meter Number:

Customer Number: