UTILITY BILLING
WATER- SEWER – REFUSE
214 South C St., Oxnard, CA 93030
Phone 805-385-7816 • Fax (805) 385-7865
www.cityofoxnard.org

CITY OF OXNARD CALIFORNIA

ACCEPTANCE OF RESPONSIBILITY FOR CITY UTILITY SERVICES

Add / Drop Name

Primary Account Holder Name _____ Request Date _____

Service Address _____ Account # _____

Type of Request

❑ **ADD** Secondary Account Holder Name _____

Relationship to the Primary Account Holder _____ Phone Number: _____

Driver's License or ID #: _____ Date of Birth: _____

Social Security #: _____ Work Phone Number: _____

Employer's Name: _____ Occupation: _____

By signing below, I agree to be responsible for payment for utility services provided by the City of Oxnard (City). I shall not voluntarily or by operation of law assign, transfer, sublet, mortgage, or otherwise transfer or encumber all or any part of such customer's agreement with the City. If I abandon or vacate the premises receiving such utility services, without notifying the City in writing, I will be liable for payment for all future utility services charges. If there are any outstanding balances under my name, the City my transfer the balances to this active account.

In any action or proceeding arising out of this agreement, the prevailing party shall be entitled to reasonable attorneys' fees and costs, including fees and costs of the Oxnard City Attorney Office. The water meter is the property of the City of Oxnard and only City staff may turn it on/off..

❑ **REMOVE** Secondary Account Holder Name _____

By signing below, I (Primary Account Holder) agree to be fully responsible for payment of the balance on the utility account for services provided by the City of Oxnard.

In any action or proceeding arising out of this agreement, the prevailing party shall be entitled to reasonable attorneys' fees and costs, including fees and costs of the Oxnard City Attorney Office. The water meter is the property of the City of Oxnard and only City staff may turn it on/off.

_____

Signature - *Primary Account Holder* Date Identification Number Type Expiration Date

_____

Signature – *Secondary Account Holder* Date