For Office Use Only • Construction Refuse

Date	No. of Pages
То	From:
Co./Dept.	Co. UTILITY BILLING
Phone #	Phone # (805) 385-7816
Fax #	Fax # (805) 385-7865

CUSTOMER #	
LOCATION #	
PROCCESSED BY: _	

UTILITY BILLING WATER- SEWER – REFUSE214 South C St., Oxnard, CA 93030
Phone 805-385-7816 • Fax (805) 385-7865
<u>www.cityofoxnard.org</u>

Customer's Signature



Date

ACCEPTANCE OF RESPONSIBILITY FOR CITY UTILITY SERVICES

Please fax this form back to Utility Billing at 805-385-7865 to accept the responsibility for the refuse charges.

Please provide the following Information:		Type of Request:	☐ Connect	☐ Disconnect	
Service Address:					
Container Location:					
Container Size:	Initiation Date: Deposit Amount \$ 300.00)_	
Type of Business:□Corporation	□Sole / Partnership □LLC □Trust	Length of Rental	1 7 Day Rental □	30days or more	
City of Oxnard Business Tax Cert	ificate #	** If more than	n 30day rental se	<mark>e below</mark>	
Business / Corporation Name					
Billing Address					
one Number Fax Number					
Business Owner / Corp Officer Na	ame & Title				
	ome Address				
	Driver's License #				
customer shall not voluntarily customer's agreement with the customer abandons or vacates be liable for payment of all fumonth. is not met - For C In any action or proceeding arising including fees and costs of the Ox	g out of this agreement, the prevailing part	ablet, mortgage or encursiness license issued be swithout notifying the state of th	umber all or any by the City of Ox ne City in writing the pick up of 2	part of such mard. If the g, the customer will empties per	

Print Name