

Date	No. of Pages
To	From Eden
Co./Dept.	Co. <b>UTILITY BILLING</b>
Phone #	Phone # <b>(805) 385-7816</b>
Fax #	Fax # <b>(805) 385-7865</b>

CUSTOMER # \_\_\_\_\_

LOCATION # \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

**UTILITY BILLING**

**WATER- SEWER – REFUSE**

214 South C St., Oxnard, CA 93030  
 Phone 805-385-7816 • Fax (805) 385-7865  
[www.cityofoxnard.org](http://www.cityofoxnard.org)



**ACCEPTANCE OF RESPONSIBILITY FOR CITY UTILITY SERVICES**

Please provide the following information:

Type of Request:  Connect  Disconnect

Owner  
 Tenant

Service Address \_\_\_\_\_

Type of Service:  Water  Sewer  Trash \_\_\_\_\_

Initiation Date \_\_\_\_\_ Deposit Amount \$ \$44-\$65(based on meter size)-

Applicant's Name(s): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # or Federal ID #: \_\_\_\_\_ # of Occupants: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Bus Phone #: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Reference: \_\_\_\_\_ Phone #: \_\_\_\_\_

By signing below, the customer agrees either by telephone or in person to be responsible for payment for utility services provided by the City of Oxnard (City). The customer 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 the customer abandons or vacates the premises receiving such utility services, without notifying the City in writing, the customer will be liable for payment for all future utility services charges.

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 and only City employees may turn it on/off.

Signature

Print Name

Date