## For Office Use Only • Residential • Executor of Estate

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

CUSTOMER #	
LOCATION #	
PROCCESSED BY:	

## DEPARTMENT OF BILLING & LICENSING WATER- SEWER – REFUSE

214 South C St., Oxnard, CA 93030 Phone 805-385-7816 • Fax (805) 385-7865 www.cityofoxnard.org Email: c2gutilities@oxnard.org



## **ACCEPTANCE OF RESPONSIBILITY FOR CITY UTILITY SERVICES**

Please provide the following Information:			Type of Request:		
Service Address					
Type of Service:	□ Water	☐ Sewer	☐ Trash		
Initiation Date			Deposit Amount \$		
Trust Name(s):					
Trustee/Executor's Name	(s):				
Mailing Address (if differen	t):				
Phone Number:					
Driver's License or ID #:			Date of Birth:		
Social Security # or Federal ID #:					
Employer's Name:					
Occupation:					
Spouse's Name:					
Employer's Name:					
Reference:			Phone #:		
the City of Oxnard (City). transfer or encumber all o	The customer shall r any part of such cu	not voluntarily or by our stomer's agreement w	on to be responsible for payment for utility services properation of law assign, transfer, sublet, mortgage, or dith the City. If the customer abandons or vacates the payment for all future	otherwise oremises	
In any action or proceedir including fees and costs o	ng arising out of this f the Oxnard City A	agreement, the prevail ttorney Office.	ing party shall be entitled to reasonable attorneys' fee	s and costs,	
The water meter is the pro	perty of the City an	d only City employees	may turn it on/off.		
Signature		Print Name	Date		