



Indian Valley Community Services District

“Providing services for our community health, well-being, and prosperity.”

APPLICATION FOR SERVICE

Full Name

Social Security #

State Issued ID #

Date of Birth

Phone

E-mail

Service Address

City

State

Zip

Mailing Address

City

State

Zip

Date to Begin Service

Service Classification

Applicant Status

Residential

Commercial

Owner

Renter

Location of Service

Greenville

Taylorville

Crescent Mills

RENTERS ONLY - REQUIRED

Property Owner Name

Property Owner Address

City

State

Zip

Property Owner Phone

Account # (office)

If you are a renter, please note that your property owner will be notified if your service is in danger of termination due to non-payment.

A deposit of \$200 is required to start service. Complete this application online, or print and complete, and mail or return in-person with check/cash/money. Credit card payments may be processed over the phone or in-person.

I, _____ submit this application for water/sewer services from IVCSD at the property listed above. I agree to pay for these services in accordance with the rates and rules in effect, and as established by the Board of Directors of the IVCSD.

Applicant Signature or Initials

Date

Property Owner Signature or Initials

Date

Board of Directors

Wanda Carpenter | Roger Cherry | Susan Doran | Kristine Gorbet | Mary Cronin | General Manager, Adam Cox

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