

Route/Service
Sewer/Water _____
ACCT# _____
ENTER BY _____

Date _____
Deposit \$ _____
Cash () _____
Check() Check # _____

RENTER
APPLICATION FOR NEW SERVICE
KEYES COMMUNITY SERVICE DISTRICT
P.O BOX 699
KEYES, CALIFORNIA 95328

First Name Middle Name Last Name

Post Office Box City Zip Code

Street Address City Zip Code

() _____ () _____
Home Phone Cell Phone

Driver License Number

_____/_____/_____
Date Renters Move in

Property Management or Owner name () _____
Phone Number

Property Management or Owner Address

Date Service Turned On _____/_____/_____

Name of Employer _____ () _____ - _____

Phone Number of Employer _____

Signature of Applicant _____

OFFICE ONLY
Receive by _____
Date _____

K.C.S.D is an Equal Opportunity Employer. Complaints of discrimination should be sent to Office of Civil Rights, Washington, D.C. 20250-9410