

Route/Service  
Sewer/Water \_\_\_\_\_  
St. Light \_\_\_\_\_  
ACCT# \_\_\_\_\_  
ACCT# \_\_\_\_\_  
Enter By \_\_\_\_\_

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

**OWNER**  
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 \_\_\_\_\_  
Proof of ownership  yes  
 No

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Escrow Closed

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