



San Bernardino County  
 Department of Public Works Special Districts  
**WATER AND SANITATION DIVISION**  
 COUNTY SERVICE AREA 70 GH (GLEN HELEN)  
 222 W. Hospitality Lane, 2nd Floor  
 San Bernardino, CA 92415-0450  
 PO Box 11969 San Bernardino, CA 92423  
 Phone (760) 955-9885 Fax (909) 386-8839  
 customerservice@sdd.sbcounty.gov

**APPLICATION FOR SEWER SERVICE**

Legal Property Owner Name(s) \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Last Four Digits of SS: \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Close of Escrow Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PROVIDE COPY OF ID AND CLOSING STATEMENT FROM ESCROW**

Email \_\_\_\_\_

I WOULD LIKE TO RECEIVE EMAIL NOTIFICATIONS FOR WATER CONDITIONS (Shut downs, boil alerts, etc.) AND/OR BILLING: **Yes** **No**

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Person to contact, other than owner, in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Information (if known):

PREVIOUS OWNER \_\_\_\_\_

ESCROW COMPANY \_\_\_\_\_

**AGREEMENT:** The legal property owner or legal authorized representative signing this application shall be liable for services and their associated fees/charges as supplied by the San Bernardino County Department of Public Works, Special Districts Water and Sanitation Division. Bills for service shall be considered a debt against the property and, at the option of the Division, legal action may be taken that could result in a lien being recorded against the property for unpaid debt. Signature of this application guarantees payment of future bills and agreement to all the Rules and Regulations and Ordinances for Division. A non-refundable service establishment fee of \$50.00 will be charged in lieu of a security deposit and will appear on your first billing statement. **Failure to return the enclosed application will result in a \$35.00 failure to notify fee being applied to the account.**

This Agreement may be executed in multiple counterparts, each of which, when solely executed, shall be deemed an original, but all of which counterparts together shall constitute one and the same instrument. This Agreement shall become effective on the date each of said originals has been signed by each of the Parties hereto and each Party has received by facsimile or electronic transmission the signature page from the other Party.

\_\_\_\_\_  
 Legal Owner's Signature

\_\_\_\_\_  
 Print Name Date

\_\_\_\_\_  
 Legal Owner's Signature

\_\_\_\_\_  
 Print Name Date

**-- FOR OFFICE USE ONLY --**

Account # \_\_\_\_\_ Cycle: \_\_\_\_\_

Account Status \_\_\_\_\_

Parcel #: \_\_\_\_\_

Change Requested By \_\_\_\_\_

Closing Read \_\_\_\_\_

Information Taken By \_\_\_\_\_

Read Date \_\_\_\_\_

Dated \_\_\_\_\_

Service Order # \_\_\_\_\_

Processed by – Initials \_\_\_\_\_