

CHANGE OF OWNERSHIP REQUEST FOR SERVICE FORM

*Esparto Community Services District
P.O. Box 349 ~ 26490 Woodland Avenue
Esparto CA 95627 ~ P 530-787-4502 ~ F 530-787-4219*

Activation Date: _____

Today's Date _____

Type of Services Requested

NEW	EXISTING	CHECK OFF IF COPIED
<u>Commercial</u>	<u>Commercial</u>	<u>Social Security Number</u>
<u>Residential</u>	<u>Residential</u>	<u>California Drivers Licence</u>
		<u>ID</u>

NEW CUSTOMER SIGN-IN INFORMATION

NEW OWNER: _____ TENANT: _____

NAME:

FIRST

LAST

MIDDLE

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE:

HOME

CELL

WORK

DISTRICT FILL-IN

NEW ACCOUNT: _____ SERVICE ID _____

OLD ACCOUNT: _____ SERVICE ID _____

NAME:

FIRST

LAST

MIDDLE

MAILING ADDRESS: _____

TELEPHONE _____

CUSTOMER SIGNATURE _____

DATE: _____