

McKinleyville CSD.  
1656 Sutter Road P.O. Box 2037  
McKinleyville, CA 95519  
Phone (707) 839-3251 FAX (707) 839-8456

Name to appear on bill:

Service address:

**Mailing Address:**  
(If Different)

Date of Birth:

Employer:

Phone number:

Cell Phone Number:

Social Security/**Tax ID** #:  
(last 4)

Driver's License #

**If there was a major water leak at your address and we were unable to contact you, please provide us with the name and phone number of a person who would be able to get in contact with you or deal with the situation.**

Name:

Phone number:

*I, the undersigned, hereby request that the McKinleyville Community Services District deliver utility services to the address listed above. I do hereby agree to comply with the applicable provisions of the Rules and Regulations and the standard specifications of the McKinleyville Community Services District, copies of which are available upon request.*

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**SIGNATURE:**

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