388 Blohm Ave. PO Box 388 Aromas CA 95004-0388
(831)726-3155 FAX (831)726-3951
Web: AromasWaterDistrict.org Email:admin@aromaswaterdistrict.org

APPLICATION FOR SERVICE

Today's date___/___/___ Effective date___/___/___

New Account #_____ Service Address_____

Own ☐ Rent ☐ How many residential units?_____

NAME_____
Last First Initial

MAILING ADDRESS _____

_____

CONTACT INFO.: e-mail:_____

Home phone:_____

Work phone:_____

Mobile phone:_____

Billing Delivery Method (circle one): Printed bill postcard OR email

I agree to take responsibility for payment of water bills for the above location served by the Aromas Water District.

_____ Social Security #_____-_____-_____
Signature Driver's License State_____#_____

OFFICE USE ONLY - DISCONTINUANCE OF SERVICE:

Name_____ Account # to Discontinue_____

FORWARDING ADDRESS _____

_____

Meter read requested ___/___/___WO# _____Reading _____date___/___/___

Final bill sent __/___/__ New acct. opened___/___/___

Revised: 3/9/15