

ROUTE # _____

DEPOSIT AMOUNT _____

RECEIPT # _____

WORKORDER _____

DATE _____

TIME _____

LPSS _____ YES _____ NO

METER PULLED _____ YES _____ NO

IF CUSTOMER MISSES THE APPOINTED TURN ON TIME,
THERE WILL BE A FEE ASSESSED TO THE ACCOUNT FOR EITHER
2ND TRIP TURN ON (\$30) OR AFTER HOUR CALL OUT (\$85)
TO HAVE THE WATER TURNED ON.

INITIAL

CUSTOMER # _____

LOCATION # _____

SIGNATURE PAGE FOR

Orange County Water Control and Improvement District #1
RECEIPT OF DEPOSIT AND DISTRICT POLICY

I, THE UNDERSIGNED, HAVE RECEIVED AND ACCEPTED A COPY OF THE DISTRICT
POLICY EXPLAINING THE BILL DUE DATE AND THE DISCONNECT PROCESS.

CUSTOMER SIGNATURE

PRINTED NAME

WE MUST STILL PROVIDE THIS INFORMATION UNDER LAW TO CERTAIN PERSONS.

We must still provide this information to (1) an official or employee of the state or a political subdivision of the state, or the federal government acting in an official capacity; (2) an employee of a utility acting in connection with the employee's duties; (3) a consumer reporting agency; (4) a contractor or subcontractor approved by and providing services to the utility or to the state, a political subdivision of the state, the federal government, or an agency of the state or federal government; (5) a person for whom the customer has contractually waived confidentiality for personal information; (6) another entity that provides water, wastewater, sewer, gas, garbage, electricity, or drainage service for compensation.

I WANT MY PERSONAL INFORMATION (address, telephone, and social security number)
CONFIDENTIAL. _____ YES _____ NO

CUSTOMER INFORMATION PROFILE

NAME: _____
Last Name First Name MI Spouse Name

ADDRESS: _____
Address City State Zip

CONTACT #'S: HOME: _____

CELL: _____

FAX: _____

EMAIL: _____

WORK: _____

TTY NUMBER: _____

(Hearing Impaired)

Signature