

QUINCY COMMUNITY SERVICES DISTRICT

900 SPANISH CREEK RD., QUINCY, CA. 95971-9393

PHONE: 530-283-0836/FAX: 530-283-0838

APPLICATION FOR SERVICE

ACCOUNT NO. _____

SERVICES NEEDED: WATER <input type="checkbox"/> SEWER <input type="checkbox"/>

OWNER'S NAME(S)	DATE
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SERVICE STREET ADDRESS		
BILLING ADDRESS		
CITY	STATE	ZIP

E-MAIL ADDRESS	DRIVER'S LIC.#
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HOME PHONE	WORK PHONE
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EMPLOYER
EMPLOYER ADDRESS AND PHONE

BILL DELIVERY: E-MAIL <input type="checkbox"/> MAIL <input type="checkbox"/>

START WATER/SEWER SERVICE ON: _____

Applicant(s) accepts responsibility for payment for the service(s) indicated above at the rates and charges applicable as contained in Quincy Community Services District (QCSD) Ordinances and Resolutions, a copy of which is available for examination at the District office. Applicant also agrees to conform to and abide by the District's Ordinances, Resolutions, and rules and understands **bills paid after the due date** are subject to a basic penalty of ten-(10) percent and monthly penalty of one-(1) percent. Applicant(s) agree to pay all collection/lien costs on delinquent charges and fees. Applicant(s) agree to notify the District prior to moving/ending service and be responsible for all charges until the QCSD is so notified. I authorize QCSD to verify any information I provide, such as employer, etc. I agree to make access available to the water meter(s) at all times.

SIGNATURE _____ **DATE** _____

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

OFFICE USE: **FEE** **INCREASE** **IMS** **MAP** **PHONE**

www.quincycsd.com

Addendum to Application

“The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Please check one box for each of the following categories:

Ethnicity Category

Hispanic or Latino

Not Hispanic or Latino

Gender

Male

Female

Race Category

American Indian or Alaska Native

Asian

Black

Native Hawaiian or Other Pacific Islander

White

Some Other Race Alone

Two or More Races

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