



Helendale Community Services District Tenant Portion

Account Number *(office use only)*

Please return both sides of this form to the office - 26540 Vista Rd. Suite B, or mail to:
P.O Box 359, Helendale, CA 92342; email to mail@helendalecsd.org or fax to 760-951-0046

Service Start Date _____

Property Address _____

Tenant 1 Name _____

Driver's License No. _____ Last 4 of SSN # _____

Email Address: _____ Phone No. _____

Tenant 2 Name _____

Driver's License No. _____ Last 4 of SSN # _____

Email Address: _____ Phone No. _____

Mailing Address _____ City/State/Zip _____

Billing Option: _____ Paper Bill _____ E-Bill

- | | | | |
|--|-----|----|----------------|
| 1. Would you like to sign up for trash service? | Yes | No | |
| 2. Are barrels currently at the property? | Yes | No | |
| 3. Would you like extra trash barrels? (Additional charge will apply) | Yes | No | How Many _____ |
| 4. Would you like extra recycling barrels? (Additional charge may apply) | Yes | No | How Many _____ |

AGREEMENT: The tenant in consideration will be supplied water and/or sanitation service by the Helendale Community Services District at the premises named herein and agrees to pay for the services rendered at current rates, until the service is ordered discontinued by the tenant. The tenant further agrees to abide by the rules and regulations of the Helendale Community Services District. This contract shall at all times be subject to changes or modifications by the Helendale Community Services District.

Deposit Policy: A deposit may be required to start service. Helendale CSD accepts a letter of credit from a water district, or a credit check may be performed at the District office in order to waive the required deposit. However, the Property Owner may request a deposit regardless of tenant's ability to meet the District's deposit policy. The deposit amount is determined by the District. Paid deposits are credited to utility bill on the 13th month of service if the account meets the deposit refund requirements. The full Deposit Policy is available at www.helendalecsd.org. The letter of credit must be received within three weeks of Owner declared Tenant's start date.

Bills are mailed the first week of each month and are due upon receipt and considered late if not paid by the last business day of each month. Failure to receive a bill does not relieve customer of liability. Late fees are applied on the 1st business day of each month. It is the customer's responsibility to provide updated contact information to the District.

Signature Tenant 1 (Original signature required)

Signature Tenant 2 (Original signature required)

Date

The following person(s), not listed above, are authorized to inquire, or make changes on my account:

Name: _____ DL# _____ Info Only _____ Make Changes

Name: _____ DL # _____ Info Only _____ Make Changes

**Helendale Community Services District – Tenant Portion
ACKNOWLEDGEMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of ()) ss.
County of ()

On _____ before me

A Notary Public, personally appeared

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of () that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

SIGNATURE _____ (Seal)

FOR DISTRICT USE ONLY

Date Received _____ Staff Initials _____ Meter Read S/O# _____ Meter Reading _____

Trash Activated ☐ Inactivated ☐ Trash S/O # _____ Barrels Delivered on: _____ First Pickup Date: _____

Trash Service Start Date: _____ # of Extra Green: _____ Number of Extra Blue: _____ Adjustment Amt \$ _____

Extra Green S/O# _____ Extra Blue S/O# _____ Burrtec Log Date: _____ Driver Log Date: _____

Deposit Amt \$ _____ Paid on _____ Form of Payment _____ Deposit Transfer from 12- _____

Waive Deposit Based on Account 12- _____ or ☐ Letter of Credit ☐ Credit Check

☐ Landlord requires a deposit

Notes: _____
