



# RAMONA MUNICIPAL WATER DISTRICT

105 EARLHAM STREET  
RAMONA CA 92065

CUSTOMER SERVICE  
(760) 788-2200  
Fax (760) 788-2202

To: Utility Customer  
From: R.M.W.D. Customer Service Dept  
Subject: Customer Reference Form and owner authorization

In order to have a name changed on your account, the District requires the following:

1. The enclosed reference form must be completed, signed and returned to the Customer Service Department.

**A NEW CUSTOMER REFERENCE FORM NEEDS TO BE COMPLETED EVEN IF YOU HAVE HAD PREVIOUS SERVICE WITH THE DISTRICT.**

2. If you are the tenant the enclosed authorization form must be completed, signed and returned to us by the owner or the owner's agent

**A NEW OWNER AUTHORIZATION FORM NEEDS TO BE COMPLETED EVERY TIME THERE IS A CHANGE OF TENANTS.**

When the necessary form is received by the Customer Service Department, the name on your account will be changed. If you have any questions, please feel free to contact the Customer Service Department at (619) 788-2200.

**EFFECTIVE JULY 1, 1996 THERE IS AN ACCOUNT SET UP FEE OF \$20.00**

**THIS WILL BE ON YOUR FIRST BILL.**

**RAMONA MUNICIPAL WATER DISTRICT**

105 EARLHAM STREET  
RAMONA CA 92065

Office (760) 789-1330 Customer Service (760) 788-2200 San Diego (619) 579-7575 Fax (760) 788-2202

**CUSTOMER REFERENCE FORM**

ACCOUNT: \_\_\_\_\_ SERVICE ADDRESS: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ DATE OF TITLE CHANGE: \_\_\_\_\_

BUSINESS NAME (if applicable): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: home ( ) \_\_\_\_\_ work ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_  
CITY STATE ZIP CODE

**IF THE BILL IS TO BE SENT TO A TENANT OR LESSEE THE INFORMATION BELOW MUST BE COMPLETED:**

TENANT/LESSEE: \_\_\_\_\_ DATE OF RENTAL AGREEMENT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: home ( ) \_\_\_\_\_ work ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_  
CITY STATE ZIP CODE

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**PLEASE COMPLETE THE FOLLOWING INFORMATION FOR OWNER OR TENANT/LESSEE:**

EMPLOYER: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

SPOUSES NAME \_\_\_\_\_

SPOUSES EMPLOYER: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

NAME OF RELATIVE NOT AT SAME ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE( ) \_\_\_\_\_  
CITY STATE ZIP CODE

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The undersigned agrees to assume responsibility for all charges on the account from the date of title or agreement. Any changes in the billing name, address, or phone numbers will be notified to R.M.W.D. The undersigned further agrees to notify R.M.W.D. when their responsibility ceases and to provide R.M.W.D. with a correct forwarding address for any closing bill to the account. If, at any time, the account is overdue, R.M.W.D. retains the right, after sufficient notice, to lock the water meter. The account will be charged any applicable late fees, deposit, and unlock fees, in accordance with district policy. If the charges remain unpaid R.M.W.D. retains the right to remove the meter and file a lien against the customer\*. To have a meter reinstalled would require payment of all fees applicable to install a new service.

The undersigned agrees to assume responsibility for fire/paramedic service fees and sewer service fees, if applicable, billed by R.M.W.D.

\*California Water Code sections 72100 & 72102, allows R.M.W.D. to impose a lien when payment for water service is delinquent. The lien secures unpaid charges. You will be responsible for the unpaid charge, interest, and any associated fees, before the lien will be released. Consult your attorney for more information.

I/WE HAVE READ AND UNDERSTAND ALL THE ABOVE

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name Title (owner/tenant)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name Title (owner/tenant)

**Note: Only signature name(s) will be on account**

reform



# RAMONA MUNICIPAL WATER DISTRICT

105 EARLHAM STREET  
RAMONA CA 92065

CUSTOMER SERVICE (760) 788-2200  
FAX (760) 788-2202

## OWNER AUTHORIZATION FORM

ACCOUNT: \_\_\_\_\_ SERVICE ADDRESS: \_\_\_\_\_

OWNER OF PROPERTY: \_\_\_\_\_  
Please print or type

MAILING ADDRESS OF OWNER: \_\_\_\_\_  
City State Zip Code

PHONE: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_ fax \_\_\_\_\_

NAME OF PROPERTY MANAGER (if applicable): \_\_\_\_\_

ADDRESS OF PROPERTY MANAGER: \_\_\_\_\_  
City State Zip Code

PHONE OF PROPERTY MANAGER: \_\_\_\_\_

TENANT OR LEASEE: \_\_\_\_\_  
Please print or type

EFFECTIVE DATE OF RENTAL/LEASE AGREEMENT: \_\_\_\_\_

As owner of this property, receiving water, and services from the Ramona Municipal Water District, I hereby authorize R.M.W.D. to deliver to the tenant/leasee, named above, billing for service from the effective date. This agreement will remain in effect until this tenant/leasee vacates the property at which time the District is to be notified. This agreement may be terminated, in writing, by either myself or R.M.W.D. If, at any time, the account is overdue, R.M.W.D. retains the right, after sufficient notice, to lock the water meter. The account will be charged any applicable late fees, deposit, and unlock fees, in accordance with district policy. If the charges remain unpaid R.M.W.D. retains the right to remove the meter and file a lien against the customer\*. To have a meter reinstalled would require payment of all fees applicable to install a new service.

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**I UNDERSTAND THAT I WILL BE LIABLE FOR ANY UNPAID BILLING WITH THIS AGREEMENT PURSUANT TO CALIFORNIA WATER CODE SECTIONS 72100 & 72102.**

\_\_\_\_\_  
Signature of property owner Date

\_\_\_\_\_  
Signature of property manager\* Date

\*AS PROPERTY MANAGER, I AGREE TO NOTIFY THE RAMONA MUNICIPAL WATER DISTRICT IN WRITING WITHIN TEN DAYS OF TERMINATION OF MY CAPACITY TO ACT AS AGENT FOR THIS PROPERTY.  
oath