



APPLICATION FOR NEW SERVICE

- **Application must be received at least three working days prior to the date you would like service to begin.**
- Please complete and print this form; then scan and
 - email it to customerservice@dsrsd.com;
 - or mail it to P.O. Box CC, Dublin, 94568
- A \$20 charge for service activation will appear on your first bill.
- **All account information fields are mandatory.**

PAPERLESS BILLING AND ECHECK AUTOMATIC PAYMENT ARE CONVENIENT, ECO-FRIENDLY OPTIONS

Sign Me Up for Paperless Billing

By checking this box, I agree to have my DSRSD statements sent via email. I understand I will not receive a paper bill in the mail. DSRSD will send a confirmation to my email address when my request has been processed. If no confirmation is received, call (925) 828-8524.

To END service, contact us at (925) 828-8524

START SERVICE DATE (m/d/yy) - Monday-Friday only. Check our website for office hours and holidays at www.dsrds.com.

First name

Last name

Street Address

City

State

Zip

Email

Social Security Number

Home Phone

Cell Phone

Employer Name

Employer Phone

Residential Status

I own the property

I am a renter If renting, provide the name of property owner

Property Owner Phone No.

I am the property manager

Billing Address (if different from service address)

Street Address

City

State

Zip

OPTIONAL: Second party responsible for bill payment (if applicable)

First name

Last name

Social Security Number

Cell Phone Number

Employer Name

Employer Phone

PRINT FORM

