



### 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 7051 Dublin Blvd., 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](http://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

