



**Phelan Piñon Hills
Community Services District
760-868-1212**

PLEASE VERIFY YOUR ACCOUNT INFORMATION



PPHCSD is about to undertake a software conversion and, before we transfer the files, we want to make sure your information is correct. Please look at the account information on your bill and verify that it is accurate. If an update is required, please complete the back of your payment stub and mail it in the envelope provided with your bill, or come into the office, or go on-line to www.pphcsd.org and complete the Account Update Form.

PHELAN PIÑON HILLS COMMUNITY SERVICES DISTRICT
4037 PHELAN ROAD, SUITE C-1
PO BOX 79444
PHELAN, CA 92376-4049
www.pphcsd.org

PAYMENT STUB Make all checks payable to PHELAN PIÑON HILLS CSD

22-9079-1 8-3110

Mailing Address: PHELAN HILLS COMMUNITY CENTER, PO BOX 224649, PHELAN, CA, 92328-4649

Account Information: Acct: 22-9079-1, Name: Pínon Hills Community Center, Addr: Mountain Rd, Pínon Hills CA 92372

Contact Info: Account Number: 22-0079-1, Telephone: 760-868-1212, Email Address: help@pphcsd.org

Current Charges: Water Service Charge: 17.20, Tier 1 water: 15 @ \$1.60 = 25.34, Tier 2 water: 43.68 @ \$0.40 = 17.47, Total Current Charges: 150.27

TOTAL DUE BY: 08/04/10 \$150.27

VERIFICATION OF ACCOUNT INFORMATION:

Mailing Address

Account Information

- Name
- Phone Number
- E-Mail Address

Making sure that we have the correct information is extremely important so that we can contact you regarding emergency issues that arise (mainline breaks, water outages, leaks at your property, etc.) and other important issues concerning your account.

NOTE: The information provided is for District use only. This information will enable us to contact you regarding your account or in the event of emergency.



Phelan Piñon Hills Community Services District
4037 Phelan Road, Suite C-1 • P. O. Box 294049 • Phelan, CA 92329-4049
(760) 868-1212 • Fax (760) 868-5072

ACCOUNT UPDATE FORM

ACCOUNT NUMBER: _____
(Mandatory in order to change information on the account)

FIRST NAME: _____ LAST NAME: _____

PHONE #: _____ E-MAIL ADDRESS: _____

Mailing Address:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

By checking the below box, I certify that I am the person legally responsible for the above account and I authorize the changes noted above.

Type full legal name (as shown on trust deed)

**WATCH YOUR BILLS FOR EXCITING INFORMATION ABOUT NEW OPTIONS TO
VIEW AND PAY YOUR ACCOUNT ONLINE**