



APPLICATION FOR SOLID WASTE & RECYCLING SERVICE INSTRUCTIONS

- The Application for Solid Waste & Recycling Service – **Owner** may only be completed by the legal recorded property owner(s).
 - Proof of Ownership is required to establish service.
- The Application for Solid Waste & Recycling Service – **Property Manager** may be completed by an authorized property manager for the legal owner.
 - Copy of the property management agreement is required.
- The Application for Solid Waste & Recycling Service – **Tenant** may be completed by a tenant.
 - A separate Tenant Authorization Form (attached) must be completed by the property owner or property manager before service can be established in a tenant's name. The Tenant Authorization form must be completed by the property owner or property manager in the District office so identification can be verified. Alternately, an original notarized form must be received in the District office prior to service establishment.
- This form may be submitted online, by mail, or in person.
- Fax Proof of Ownership or Property Management Agreement to (760) 868-2323 or mail to PO Box 294049 Phelan CA 92329-4049.



Phelan Piñon Hills Community Services District

PO Box 294049 Phelan CA 92329 • Phone: 760-868-1212 • Fax: 760-868-2323

APPLICATION FOR SOLID WASTE & RECYCLING SERVICE

Owner Property Manager Tenant (must have authorization)

SERVICE ADDRESS: _____

EFFECTIVE DATE: _____

SERVICE TYPE: _____ FREQUENCY: _____
See Enclosed Service Rate Sheet

CUSTOMER NAME(S): _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

CELL/TEXT NO: _____

2ND PHONE NO: _____

DRIVERS LICENSE NO: _____ DATE OF BIRTH: _____

EMAIL ADDRESS: _____

AUTHORIZED PARTY: _____

*Authorized Party cannot make changes to account. This Party is "Inquiry Only" and may receive information on balances, due dates and make payments only.

The undersigned applicant, in consideration of being supplied with solid waste and recycling collection services on the herein named premises, agrees to pay for the services, and further agrees to the rules and regulations of the Phelan Piñon Hills Community Services District (District). This contract shall at all times be subject to changes or modifications by the District. Additionally, delinquent accounts will be assessed a penalty and the District reserves the right to place a lien on the property, pursue other collection measures, and charge any applicable fees related to recovering any unpaid balance.

Customer Signature

Date

Thank you for completing this application. After submittal to the PPHCSD, your information will be forwarded to CR&R. A representative from CR&R will contact you regarding service and bin placement. You may also contact CR&R at (760) 868-6353

FOR OFFICE USE ONLY

Owner Verified No Lien Found CR&R Contacted
 Prop Mgmt. Agmt. Lien Pulled Tenant Authorization



Phelan Piñon Hills Community Services District

PO Box 294049 Phelan CA 92329 • Phone: 760-868-1212 • Fax: 760-868-2323

TENANT AUTHORIZATION FORM

SERVICE ADDRESS: _____

OWNER NAME(S): _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

CELL/TEXT NO: _____

2ND PHONE NO: _____

DRIVERS LICENSE NO: _____ DATE OF BIRTH: _____

TENANT'S NAME: _____

TENANT MOVE IN DATE: _____

This agreement authorizes the Phelan Piñon Hills Community Services District to provide a copy of the bill to the named Tenant. The owner will continue to receive delinquent notices. Failure to receive a bill does not relieve Owner of liability. Any amount due shall be deemed a debt to the District and may be subject to disconnection, a lien against the property, or legal action at the option of the District.

THIS AGREEMENT DOES NOT RELIEVE THE OWNER OF RESPONSIBILITY OF UNPAID BILLS ON THE PROPERTY.

DATE

PROPERTY OWNER/MANAGER SIGNATURE

If not completed in the PPHCSD office, please have this form notarized. The original document must be received prior to establishment of a tenant account.

NOTARY 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 _____)

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 California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)