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REDDING, CA 96099-0431
PHONE (530) 246-0680



8930 PLACER ROAD
REDDING, CA 96001-9719
FAX (530) 246-2254

COMMUNITY SERVICES DISTRICT

DEPOSIT WAIVER

Account #: _____
Location: _____
Meter #: _____

Pursuant to Ordinance No. 8, Section 5, Rates and Charges, Item C – Deposits: No deposit will be required if the property owner will acknowledge in writing that he will be responsible for any unpaid bills; this agreement is binding.

I _____ will personally be responsible for any unpaid bill on the residence listed above, according to District Ordinance No. 8, Section 5.

In signing this document I ask that you waive the deposit fee for my tenants.

Property Owner

Date