

OWNER REQUEST FOR DUPLICATE BILLS

City of Victorville - Victorville Water District
14343 Civic Drive, Victorville, CA 92393

Please print in ink or type

CustomerService@victorvilleca.gov

Fax #: 760-269-0023

Service Location

Address:

Street

Apt, Unit, or No

City

State

ZIP Code

Assessor's Parcel Number (APN):

Utility Service Account Number

Property Owner or Authorized Representative/Agent

Name:

Email Address:

Mailing Address:

Street

Apt, Unit, or No

City

State

ZIP Code

Identification:

Customer ID Number (if existing customer)

Telephone:

Service

Alternate

Fax

Assignee

(circle one): Tenant

Agent

Other:

Name:

Mailing Address:

Street

Apt, Unit, or No

City

State

ZIP Code

The Property Owner of the above referenced property hereby requests and authorizes both the City of Victorville and the Victorville Water District ("Provider") to mail or otherwise provide copies or duplicates of all billings or demands made to the Service Location or Assignee for water, storm drainage, solid waste, and/or sanitation (sewer) utility services ("Services") in accordance with the terms and conditions applicable to customers as may be provided for by any of the Providers' ordinance, code, resolution, policy or other means of decision. Provider reserves the right to refuse such service. A qualified owner is a property owner of the parcel whose name and address appears on the last equalized secured property tax assessment roll, or an owner who can otherwise provide sufficient evidence, as determined by the Provider, that he/she is the property owner of record. Further, a qualified property owner must meet any standards set forth by any of the Providers' ordinance, code, resolution, policy or other means of decision.

Owner

Printed Name

Title: Owner, President, Officer, or Agent

Signature

Date