



APPLICATION FOR NEW SERVICE

- Complete this form in English, do **NOT** use Chinese characters anywhere
- **Application must be received at least three working days prior to the date you want service to begin**
- **All account fields are mandatory**
- Complete and print this form, scan it and:
 - email it to customerservice@dsrdsd.com
 - OR mail it to 7051 Dublin Blvd., Dublin, CA 94568
- A service activation fee will appear on your first bill. For current rate, visit www.dsrdsd.com/your-account/rates-fees/miscellaneous-fees

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.dsrdsd.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

