

# Leavitt Lake Community Services District



## DISTRICT LEADERSHIP & STAFF

### Board of Directors

- **Steve Anderson** – Chair
- **Dallas Langley** – Vice-Chair
- **Nicole Bush** – Director
- **Wesley Wood** – Director
- **Connie Herman** – Director

### District Staff

- **Carrie Base** – General Manager
- **Jaime Victoria** – Operator
- **Taylor Moore** – Secretary / Board Secretary

### District Contact Information

- **Office Address:** 471-830 Buffum Lane, Susanville, CA 96130
- **Office Phone / After-Hours:** (530) 257-7977
- **Email:** [leavittlakecsd@outlook.com](mailto:leavittlakecsd@outlook.com)
- **Website:** [leavittlake.myruralwater.com](http://leavittlake.myruralwater.com)

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# **SERVICE APPLICATION & AGREEMENT**

## **1. Applicant Information**

Full Legal Name: \_\_\_\_\_  
Driver's License / ID No.: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Service Address (if different): \_\_\_\_\_

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## **2. Property Information**

Property Status:  
 Owner       Tenant       Property Manager

Owner's Name (if not applicant): \_\_\_\_\_  
Owner's Contact (phone/email): \_\_\_\_\_

Requested Service Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## **3. Service Type Requested**

Water Service  
 Wastewater / Sewer Service

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## **4. Emergency Contact**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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## **5. Billing Preferences**

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- Paper Bill by Mail
- Email Billing
- Auto-Pay Enrollment Requested (ACH form may be required)

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## 6. Service Agreement

By signing this application, the applicant acknowledges and agrees to the following:

1. To comply with all **Leavitt Lake Community Services District (LLCSD)** ordinances, regulations, and fee schedules.
2. The applicant is **financially responsible** for all service charges beginning on the activation date until LLCSD receives written notice to terminate service.
3. LLCSD personnel may access meters and district infrastructure for inspections, reading, maintenance, or emergencies.
4. The district is **not liable for damages** caused by customer-side plumbing, leaks, or unauthorized equipment tampering.
5. Delinquent accounts may incur **late fees, shutoff notices, or service interruption**, consistent with district policy.
6. The information provided in this application is true and complete.
7. A \$250.00 deposit is required to start services. \$230.00 is refundable. We only accept **CASH, CHECK OR MONEY ORDER** for deposits.

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## 7. Applicant Signature

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## 8. District Use Only

Field	Details
Account Number	_____
Deposit Amount	\$ _____
Service Activation Date	/ /
Approved By	_____