



TEMPLETON COMMUNITY SERVICES DISTRICT

P.O. BOX 780 • 420 CROCKER STREET • TEMPLETON, CA 93465
PHONE: (805) 434-4900 • FAX: (805) 434-4820
www.templetoncsd.org

APPLICATION FOR TEMPLETON CSD WATER UNIT REFUND REQUEST

\$500.00 administrative fee per water unit required at the time of application

If you have any questions, please feel free to contact Templeton Community Services District between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday.

APPLICANT INFORMATION (Please fill out completely)

Property Owner Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Home: (____) _____ Cell: (____) _____

Email Address (Owner): _____

PROPERTY INFORMATION (Please fill out completely)

Address: _____

APN No: _____ *One APN per application*

Parcel Zoning: _____

Is there a County approved project or map on this parcel? _____

Is there existing water or sewer service to this parcel? _____

PROOF OF OWNERSHIP

All applications shall be accompanied by a Lot Book Guarantee issued no more than thirty (30) days prior to the date of application. The Lot Book Guarantee shall be issued by a title company located within San Luis Obispo County.

NUMBER OF UNITS REQUESTED FOR REFUND

Parcels with County approved projects must retain the minimum number of water units assigned to the project. A minimum of one unit must be retained for single family residential parcels under this program.

_____ Water Units purchased on _____ (date) for \$ _____ each (cost per unit)

Original Purchaser (if not current owner): _____

_____ Water Units purchased on _____ (date) for \$ _____ each (cost per unit)

Original Purchaser (if not current owner): _____

_____ Water Units purchased on _____ (date) for \$ _____ each (cost per unit)

Original Purchaser (if not current owner): _____

For TCSD use only

Verified by TCSD

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I hereby request a refund in accordance with the voluntary relinquishment program. I understand that the District will calculate the total amount of refund due and I will have an opportunity to review the final amount prior to processing of the refund.

Signature of Owner/Agent

Date

TEMPLETON CSD REFUND FOR VOLUNTARY WATER UNIT RELINQUISHMENT

The amount of the refund for _____ water units assigned to APN _____

is \$ _____.

Templeton CSD General Manager

Date

Owner hereby acknowledges and accepts the above referenced amount.

Signature of Owner/Agent

Date