

SEPTIC TANK CLAIM FORM

Assessor's Parcel No:			
Owner(s) Name(s):			
Property Address:			
City:	State:	Zip Code:	
Mailing Address:			
City:	State:	Zip Code:	
Telephone:	Email Address:		
	er(s) of the parcel listed a	above. pove is: (Please check one	a hov helow):
	·	,	box below).
currer	ntly utilizing a septic tank.		
☐ conne	ected to the local sewer s	ystem.	
since the inception o	f the Orange County San	er service fees assessed nitation District's Sewer Se Orange Property Tax Bill.	ervice Fee that has been
	ected, I/we will notify the leading to the local	Orange County Sanitation al sewer system.	n District (714-593-7281)
I certify under penalty of per and the information submitte			ne foregoing statement
Signature		Date	
Print Name			
Signature		Date	
Print Name			

Mail to: Financial Management Division, Orange County Sanitation District, 18480 Bandilier Circle, Fountain Valley, CA 92708. If you have any questions, please contact our rate line at (714) 593-7281.

Return completed and signed form with a copy of your most recent septic tank pumping receipt.