

**RATE ASSISTANCE PROGRAM FORM AVILA  
BEACH COMMUNITY SERVICES DISTRICT**

DATE: \_ \_ \_ \_ \_

NAME: \_ \_ \_ \_ \_

ACCOUNT NUMBER: \_ \_ \_ \_ \_

SERVICE ADDRESS: \_ \_ \_ \_ \_

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MAILING ADDRESS: \_ \_ \_ \_ \_

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PHONE NUMBER: \_ \_ \_ \_ \_

EMAIL: \_ \_ \_ \_ \_

EMERGENCY CONTACT NOT RESIDING WITH YOU:

NAME: \_ \_ \_ \_ \_

PHONE \_ \_ \_ \_ \_

PLEASE *ATTACH* A QUALIFYING DOCUMENT LISTING CARE PROGRAM DISCOUNT:

PGE Billing Statement OR So. Cal Gas Statement

PLEASE RETURN FORM TO AVILA CSD at 100 SAN LUIS STREET AVILA BEACH OR DROP IT IN THE RED BOX OUTSIDE.

MAILING ADDRESS: AVILA CSD P.O. Box 309, Avila Beach, CA 93424

QUESTIONS: Contact Kristi Dibbern, Avila Beach CSD 805-595-2664 or email: [avilacsd@gmail.com](mailto:avilacsd@gmail.com)