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**TEMPLETON COMMUNITY SERVICES DISTRICT**

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

**APPLICATION FOR TEMPLETON CSD REFUND  
FOR VOLUNTARY WATER UNIT RELINQUISHMENT**

**APPLICANT INFORMATION** (Please fill out completely)

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email Address (Owner): \_\_\_\_\_

*Note: If an agent will act for the owner of the subject premises in matters concerning the Application, the agent shall submit to the District written evidence of such agency and authority, having a notarized signature of the owner of the subject premises.*

Agent Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email Address (Agent): \_\_\_\_\_

**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 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): \_\_\_\_\_

<i>For TCSD use only</i>	
<input type="checkbox"/>	<i>Verified by TCSD</i>
<input type="checkbox"/>	<i>Verified by TCSD</i>
<input type="checkbox"/>	<i>Verified by TCSD</i>

If you have any questions, please feel free to contact the Templeton Community Services District at (805) 434-4900 between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday.

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 the 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