San Simeon Community Services District
111 Pico Ave
San Simeon, CA 93452
(805) 927-4778

COMPLAINT FORM* (Forma de Reclamos)

Date (Fecha)_____ Time (Hora) _____

Name (Nombre) _____

Address (Direccion) _____

Phone Number (No. de telefono) _____

Account No. (Numero de cuenta) _____

Issue (Motivo) _____

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