

COMMERCIAL/MULTI-FAMILY SERVICE APPLICATION

❖ Please note that photo identification is required at the time of application for service.

Connect Date: ____/____/____		Service Address:	
Applicant Name :		Driver's License or ID#:	
SSN*:		Commercial Name/DBA:	
Tax ID #:	Business Phone#:	Mobile Phone#:	
Billing Address (if different from Service Address):			
Email Address:		Fax #:	
Owner/Contact Person (if different from applicant name):			
Owner/Contact Phone#:		Type of Business (restaurant, car wash, hotel, etc.):	
Check Here for Multi-Family/Apartments/Mobile Park []		Number of Units _____	
Will the property have a separate Irrigation (Sprinkler) Meter		Yes	No (Circle One)
Does this property require a separate fireline? Yes		No	(Circle One)
ACCOUNT CONFIDENTIALITY REQUEST: (YOU MUST CHECK ONE)			
A customer may request that their address and telephone numbers as well as any information relating to the volume or units of utility usage or the amounts billed to or collected for utility usage be kept confidential.			
<input type="checkbox"/> Yes, I request confidentiality. I understand there is a \$2 one-time fee.			
<input type="checkbox"/> No, I do not request confidentiality.			

I hereby apply for services at the above address, which include water and/or sewer depending upon the circumstances. I understand that a deposit is required with the amount being based **on the size of the meter plus** an amount calculated by both estimating monthly usage and doubling that amount or by averaging the last twelve (12) months' billing for this property. I further understand that there will be a \$30.00 non-refundable connect fee for **each meter** to cover maintenance and administrative costs related to opening an account. In addition, I (we) am aware that I (we) don't need to be at the premises to connect service, but if the dial on the meter is moving, the technician will turn the water off at the meter as there may be leaks or open faucets and that if I (we) request for City staff to return to the premises to turn the water on, there will be a \$20.00 return trip fee. I (we) also understand that City ordinance requires a written notice to terminate service and that I (we) am responsible for paying all amounts due for services up to the date of receipt of such notice by the City.

Applicant Signature: _____ Date: _____

For Office Use Only: CSR/CSR#: _____ Account# _____

Deposit Amount Paid _____ OR Surety Bond Amount _____

Same Day Connect? Y N Ownership Change (Check Here) []