



PHONE: (805) 688-5575, FAX (805) 686-2049
1644 OAK STREET SOLVANG, CA 93463

(CITY USE ONLY)

ACCOUNT NO.

CUSTOMER NO.

TENANT APPLICATION FOR WATER AND SEWER SERVICE

PLEASE PRINT

SERVICE ADDRESS: _____ DATE REQUIRED: _____

NAME OF OCCUPANT: _____ SPOUSE/CONTACT: _____

NAME OF PROPERTY OWNER OR MANAGEMENT COMPANY: _____

ADDRESS OF OWNER OR MANAGEMENT COMPANY: _____

NAME OF PERSON RESPONSIBLE FOR BILL: _____

BILLING MAILING ADDRESS: _____

EMPLOYED BY: _____ EMPLOYER'S PHONE NO: _____

S.S.N.# (LAST 4 DIGITS): _____ CUSTOMERS DRIVER'S LICENSE # _____

*Your Drivers license# is your security answer.
Verified by City Staff initial _____*

DAYTIME PHONE NUMBER

CELL PHONE NUMBER

EVENING PHONE NUMBER

E-MAIL ADDRESS _____

TO THE CITY OF SOLVANG:

I hereby apply for the indicated service to be supplied to me at the premises noted above as "service address" and obligate myself to pay the City of Solvang for service received in accordance with the City's schedule of rates and charges in effect during the service period. I also agree to abide by all rules and regulations of the City regarding service covered by this application.

X _____ DATE: _____
SIGNATURE OF CUSTOMER RESPONSIBLE FOR BILL

9-3A-1: APPLICATION FOR WATER SERVICES:

An application must be on file prior to water service being turned on and will signify the customer's willingness and intention to comply with the provisions of this code relating to regular water service, and to make payment for water service required. In the case of a tenant filing an application, an application will also be required of the property owner signifying his acceptance of responsibility to pay any tenant unpaid water and sewer charges on his property.

No application will be accepted unless payment in full has been made for water service previously rendered to the applicant by the city. Water will not be turned on if outstanding charges remain for that property. (Ord. 86-32, 4-3-1986) **Form Approved 11/2012**