



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

RESIDENTIAL APPLICATION FOR WATER AND SEWER SERVICE

Section 9-3A-1 of Title 9 - Solvang Municipal Code; 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 property owner signifying his acceptance of responsibility to pay any tenant unpaid water and sewer charges on his property.

PLEASE PRINT

SERVICE ADDRESS: _____

NAME OF OCCUPANT: _____ OWNER: _____ TENANT _____

WILL PROPERTY BE USED AS A RENTAL: YES NO
(IF YES A "PROPERTY OWNER'S AGREEMENT NEEDS TO BE COMPLETED BY OWNER, SIGNED AND KEPT ON FILE WITH THE CITY OF SOLVANG.)

NAME OF PERSON RESPONSIBLE FOR BILL: _____

BILLING MAILING ADDRESS: _____

EMPLOYED BY: _____ Employer's Phone Number _____

S. S.#Last four numbers: _____ **Applicants 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.

Date to commence service on (Monday-Friday only) _____

Signature of customer responsible for bill _____ Date _____

Name of Daytime contact: _____ Phone number: _____

(FOR CITY USE ONLY)

Account Number: _____ Customer Number _____