



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

**TENANTS 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 \_\_\_\_\_

NAME OF PROPERTY OWNER OR MANAGEMENT COMPANY \_\_\_\_\_

ADDRESS OF OWNER OR MANAGEMENT CO. \_\_\_\_\_

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: \_\_\_\_\_

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**(FOR CITY USE ONLY)**

Account Number: \_\_\_\_\_ Customer Number \_\_\_\_\_