



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

COMMERCIAL 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 BUSINESS: _____

NAME OF BUSINESS OWNER: _____

_____ **Daytime phone number**

_____ **Cell Phone Number**

_____ **Evening phone Number**

YOUR TAX ID NUMBER _____ **OR LAST FOUR NUMBERS OF YOUR SOCIAL SECURITY** _____

ARE YOU RENTING PROPERTY? **YES** **NO** **NAME OF PROPERTY OWNER** _____

(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 ADDRESS: _____

E-MAIL ADDRESS : _____

WEBSITE: _____

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 Business owner**

_____ **Date**

Name of Daytime contact: _____

_____ **Phone number:**

(FOR CITY USE ONLY)

Account Number: _____

Customer Number _____