



1644 OAK STREET, SOLVANG CA 93463 ▪ Phone (805) 688-5575

## 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 \_\_\_\_\_