

WATER RESOURCES DIVISION
1212 5TH STREET, 3RD FLOOR
SANTA MONICA, CA 90401
PHONE 310 458-8224
310 656-9175 FAX
OFFICE HOURS: M-TH 7:30AM – 5:30PM
FRIDAY 8:00AM – 5:00PM



WATER, SEWER & REFUSE* SERVICE AGREEMENT

CALL 310 458-2223 FOR REFUSE SERVICE

Do not mail this application – receipt by fax or in person only

OTHER CITY OF SANTA MONICA WATER ACCOUNT (to waive deposit) _____

SANTA MONICA BUSINESS LICENSE # _____
(ONLY REQUIRED FOR COMMERCIAL AND MULTI-FAMILY 4 UNITS AND ABOVE)

SERVICE START DATE: _____

SERVICE ADDRESS: _____
STREET NUMBER STREET NAME SUITE/APT./UNIT NO.

NAME OF PERSON/COMPANY RESPONSIBLE FOR BILL: _____
CIRCLE ONE: OWNER – RENTER - PROPERTY MGMT CO.

PHONE: _____
HOME WORK

MAIL BILL TO: _____
ADDRESS CITY, ST ZIP CODE

NAME OF BUSINESS (IF APPLICABLE): _____

WHAT TYPE OF BUSINESS: _____

PROPERTY OWNER'S NAME & ADDRESS: _____

STREET NUMBER STREET NAME CITY, ST ZIP CODE

DRIVER'S LICENSE # _____
STATE LICENSE #

A DEPOSIT OF \$ _____ IS REQUIRED FOR THIS SERVICE

If you wish to pay the deposit by check or cash, the application and deposit must be presented together to this office either in person or by courier.

If you wish to pay the deposit by credit card, please write your number below and you may fax the application to our office.

CREDIT CARD #: _____
CIRCLE ONE: MASTERCARD, DISCOVER & VISA ONLY EXPIRATION DATE

Per Santa Monica Municipal Code Section 7.12.130 interest is earned on your deposit and applied to your account after one year. Per IRS ruling, any interest earned over \$10 must be reported on Form 1099. Please fill out the attached W9 for our records. All information is for the confidential use of the City of Santa Monica Water Resources Division.

SERVICE MAY BE DELAYED OR DENIED IF APPLICATION IS INCOMPLETE.

W-9 FORM MUST BE INCLUDED IF DEPOSIT IS REQUIRED.

****SEE REVERSE SIDE – SIGNATURE REQUIRED****

I hereby request that the City of Santa Monica provide the utility services of Water, Sewer and Refuse at the service address and on the effective date indicated on the reverse side. I agree to abide by the provisions of Chapter 7.12 of the City of Santa Monica Municipal code and promise to pay all rates, charges and fees established by the City of Santa Monica for utility services at this service address. Failure to pay all rates, charges and fees will result in the discontinuance of all utility services provided by the City of Santa Monica.

I understand that a deposit of \$ _____ or proof of credit history with another utility or landlord is required to establish utility services and may be credited against the account after six (6) consecutive billing periods plus interest, or applied toward any closing bills if less the six periods; however, any person establishing service under this agreement who has a poor payment history or who owes past due amounts at any other service address within the City will not have this or any deposit returned or credited until a payment history without late payments has been established for six (6) consecutive billing periods and / or all obligations for past due amounts are paid to the City.

In the event the City of Santa Monica is required to pursue legal action, the service recipient shall be liable for attorney fees and cost, as well as costs associated with the discontinuance of service and any subsequent resumption of service.

This agreement is made solely with the applicant listed on the reverse side and terminates upon change in property ownership or change in principal resident responsible for utility payments. All such changes shall be reported to the Water Resources Division with ten (10) days or the new owner shall be deemed to be a poor credit risk and the maximum deposit shall be required to maintain utility service.

I have read and understand these conditions and request utility services as provided by the City of Santa Monica.

Signed: _____ Dated _____
Responsible Signatory

Print Name _____

Circle One: Owner – Renter - Property Mgmt. Co.

IMPORTANT NOTE: IT IS YOUR RESPONSIBILITY TO NOTIFY THE BILLING OFFICE WHEN THIS SERVICE IS NO LONGER REQUIRED BY YOU. YOUR ACCOUNT WILL NOT BE CLOSED UNTIL A “DISCONTINUANCE OF SERVICE” FORM IS SUBMITTED TO THIS OFFICE. YOU WILL BE RESPONSIBLE FOR ALL CHARGES UNTIL THIS FORM IS FILED WITH OUR OFFICE. FOR DEBT COLLECTION PURPOSES, THIS ACCOUNT IS TRANSFERABLE.

If you require this application in an alternate format, please call (310) 458-8224 or email utility.billing@smgov.net.

OFFICE USE ONLY	
NEW ACCT. #: _____	WATER FIRE IRRIGATION IND.WASTE FIRE INSPECTION CUPA
CUSTOMER FAX #: _____	
RECEIPT #: _____	RECEIPT DATE: _____