



Heber Public Utility District

1078 Dogwood Rd., Suite 103 • P. O. Box H
Heber, CA 92249
TEL. (760) 482-2440 • FAX (760) 353-9951
www.heber.ca.gov

APPLICATION FOR DOMESTIC WATER, SEWER AND TRASH SERVICES

Open Account **Close Account** **Changes on Account**

- Proof of Ownership and Identification is required to open a new account.
- Property Owners only pay a service connection fee of \$25.00.
- Tenants are required to show the rental agreement, pay a 2 month deposit of \$275.98 and \$25.00 connection fee.
- Real Estates are required to show proof of listing contract, pay 2 month deposit of \$275.98 & connection fee of \$25.00.
- Adding or changing name on any account requires signature of owner and pay a \$25.00 fee.

APPLICANT _____ SOCIAL SECURITY# _____ - _____ - _____ CA I.D. _____

CO-APPLICANT _____ SOCIAL SECURITY# _____ - _____ - _____ CA I.D. _____

SERVICE ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME PH: (____) _____ WORK PH: (____) _____ CELL PH: (____) _____

EMAIL ADDRESS; _____ PREVIOUS ADDRESS: _____

I HEREBY AGREE TO PAY FOR ALL CHARGES FOR UTILITY SERVICES TO THE ABOVE PREMISES, AS ESTABLISHED BY ORDINANCES AND RESOLUTIONS ADOPTED FROM TIME TO TIME BY THE HEBER PUBLIC UTILITY DISTRICT.

APPLICANT _____ DATE _____
APPLICANT SIGNATURE

CO-APPLICANT _____ DATE _____
CO-APPLICANT SIGNATURE

ANY REMAINING BALANCE NEEDS TO BE PAID IN FULL, BY THE OWNER BEFORE ANY SERVICES CAN BE PROVIDED.

I HEREBY AUTHORIZE THE ABOVE TENANT TO RECEIVE UTILITY SERVICES ON THE ABOVE PROPERTY AND UNDERSTAND MY PROPERTY IS SUBJECT TO LEIN FOR PAYMENTS OF ALL CHARGES, UNDER THE PROVISIONS OR ORDINANCES AND THE RESOLUTION OF THE HEBER PUBLIC UTILITY DISTRICT, AS ADOPTED OR AMENDED FROM TIME TO TIME.

OWNER _____ PHONE # _____ DATE _____
SIGNATURE

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

FOR H.P.U.D. OFFICE ONLY

Account# _____ Opening Date _____ Closing Date _____ Changes request Date _____

Meter# _____ Meter Reading# _____ Operator _____ Date _____

Trash Carts: 1 SET Black Green Blue Remove Existing carts

Clerk _____ Date _____ : Special Notes: _____