HEBER PUBLIC UTILITY DISTRICT
1078 DOGWOOD ROAD SUITE 103
HEBER CA 92249
Ph (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**

Customer needs to be present when service is connected at property and is required to sign the work order. Applications submitted before 11:30am will have service turned on in the afternoon, all other request submitted after 1pm will have service the next working day.

- ***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 $250.00 and $25.00 connection fee.***
- ***Real Estates are required to show proof of listing contract, pay 2 month deposit of $250.00 & 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:** _____

REVISED 07/13 LG