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 rental agreement, pay a 2-month deposit of $287.78 & $25.00 connection fee.
- Real Estates are required to show proof of listing contract, pay 2-month deposit & connection a fee.
- 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_____

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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 07/21 LG *Heber Public Utility District is an equal opportunity provider and employer*