

TOWN OF HILLSBOROUGH
1600 Floribunda Avenue, Hillsborough, CA 94010-6418
Phone No. 650.375.7402

APPLICATION FOR WATER SERVICE

Check one: ☐ New service
 ☐ Discontinue service
 ☐ Change of billing address

DATE OF SERVICE:	SERVICE ADDRESS:
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NOTE: New homeowner or renters are responsible for water service from close of escrow or effective date of lease agreement respectively. If not requested in person, start of service will be initiated upon receipt of \$500 deposit and a signed completed form.

Vacating Service Name:			
Phone No:		Email Address (if requested online):	
Final or Forwarding Billing Address (if different from service address)			
OFFICE USE ONLY:			
<u>ACCOUNT NO.</u>		<u>METER NO.</u>	<u>FINAL READING</u>

New Service Name:			
Billing Address (if different from service address):			
Phone No (required) or Email address (if requested on line):	Home		Work
	Email Address:		
Do you have a home security alarm system?		<input type="checkbox"/> Yes (If yes, alarm permit required) Alarm permit application	<input type="checkbox"/> No
Please check one.		<input type="checkbox"/> Tenant	<input type="checkbox"/> Homeowner
If this is a lease or rental property, please provide the following information:			
Name of Property Owner:			
Address of Property Owner:			
Water Deposit Required - \$500.00		Date Paid:	
Certification: I hereby agree to pay for all water consumption and service charges, including any penalties in accordance with the water ordinances.			
Customer Signature (Signed copy must be received by the Finance Department)			Date:
OFFICE USE ONLY:			
New Account No.		Waive of Deposit Approved:	

REMARKS:
