



CITY OF UPLAND

460 N Euclid Ave, Upland, CA 91786
PO Box 460, Upland CA 91785
(909) 931-4150

Account Number: _____

Date: _____

APPLICATION FOR UTILITY SERVICES

PLEASE PRINT

Utility Accounts:

Applicant Name: _____ Second Applicant Name: _____

Service Address: _____
Address City State Zip

Contact Information:

Mailing Address: _____
Address City State Zip

Phone Number: _____ Phone Number: _____

PLEASE CIRCLE ONE:

MOBILE HOME BUSINESS

MOBILE HOME BUSINESS

Security Information:

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State: _____

Tax ID #: _____

Alternate Contact Information:

I authorize the following party to have access to my account:

Alternate Contact: _____ Phone number: _____

Relation to Applicant: _____

IE: Landlord, Property Manager, Emergency, Family, Neighbor, Friend

Refuse:

Barrel Size: (please circle one) 35 gallon 65 gallon 95 gallon

To establish refuse service for commercial accounts, please contact Burrtec Waste Industries at (909) 949-0500.

I currently (*do or do not*) have an active alarm system at this property. If I choose to install an alarm system at a later date, I will obtain a permit for a fee of \$35 with the City of Upland.

I currently (*do or do not*) have a dog on the premises. I am aware that a dog 6 months or older must be licensed through the City of Upland within 30 days, and a current rabies certificate must be provided to obtain a license.

Service Start Date: _____ Service Disconnection Date: _____

Please start service on the above date. If it is not possible for me to be present at the time the water service is to be connected, I will assume responsibility for any water damage caused as a result of this turn-on. I am requesting service discontinuance for the above stated service address on the above date

I Agree to use water service and pay therefore in accordance with the rates, rules, and regulations legally in effect by the City of Upland. I declare under penalty of perjury under the laws of the State of California that the information that I have provided is true and accurate. I acknowledge that the provision of false information is grounds for termination of service.

Signature: _____

Date: _____

OFFICE USE ONLY

Account Type: R C A CD G S L
Residential/Commercial/Apts/Condo/Govt/School/Landscape

Account Class: O R C P
Owner/Renter/Commercial/Prop.Mgr

City Code: I O
Inside / Outside

Advance Payment: _____

SW-\$30, RF-\$50, O-\$90, R-\$130

Service Turn On / Same Day 8:00am - 4:30pm: T1=\$20

Service Turn On / Same Day After 4:30pm: T2=\$54

Reconnection Fee 8:00am - 4:30pm: R1=\$40

Reconnection Fee After 4:30pm: R2=\$80