



CITY OF EUREKA FINANCE DEPARTMENT

531 K Street Eureka, California 95501-1146

www.ci.eureka.ca.gov

Verified by: _____

Date: _____

City of Eureka Application for Water and Sewer

(Please Print Clearly)

SERVICE ADDRESS: _____

MAILING ADDRESS: () Same as above _____

APPLICANT #1

Last: _____

First: _____

DL #: _____

SSN: XXX-XX-_____

Phone #: _____

E-mail Address: _____

APPLICANT #2

Last: _____

First: _____

DL #: _____

SSN: XXX-XX-_____

Phone #: _____

E-mail Address: _____

BUSINESS NAME FOR SERVICE (If applicable)

Name: _____

FED ID#: _____

Phone #: _____

E-mail Address: _____

Check One: Owner ()

Tenant ()

Landlord Name: _____ Phone #: _____

If you would like to give anyone permission to access the account, please list name(s) below:

*****By signing this application, you are acknowledging that you have read and understand the statement below.*****

The applicant is responsible for making sure all valves on the premises are closed at the time the service is initiated. In the event there is an open valve and water is running on the property, the City representative may turn the service back off. Should this occur, you will need to contact our office during normal business hours (Monday-Friday 9am-4pm) to schedule a time to get your water turned on. Our contact number is (707) 441-4267. All service requests are considered completed on the date the service is requested. Regular monthly billings, **including base charges**, will begin per this request, even if consumption remains at zero.

Applicant #1 Signature: _____ Date: ___/___/_____

Applicant #1 Signature: _____ Date: ___/___/_____

Office Use Only: Accnt #: _____ - _____ - _____

Deposit: \$ _____ / Fee: \$ _____ Accnt Start Date: _____

Notes for Accnt: _____