



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 Code

Contact Information:

Mailing Address: _____
Address City State Zip Code

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 #: _____

Landlord Information (if applicable):

Landlord Name: _____ Phone number: _____

Please Circle One: MOBILE HOME BUSINESS

Landlord Address: _____
Address City State Zip Code

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: _____

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/sewer/refuse utility services 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	Account Class: O R P	City Code: I O
Residential/Commercial/Apts/Condo/Govt/School/Landscape	Owner/Renter/Prop.Mgr	Inside / Outside
Advance Payment: _____	SW-\$40, RF-\$40,SW&RF-\$85, O-\$215, R-\$215, C-\$_____	
Service Turn On/Off- Same Day 8:00am - 4:30pm: T1/T3=\$35	Service Turn On/Off - Same Day After 4:30pm: T2/T4=\$105.00	
Reconnection Fee 8:00am - 4:30pm: R1=\$40	Reconnection Fee After 4:30pm: R2=\$105.00	

ACCEPTABLE FORMS OF PAYMENT:

CASH, CASHIER'S CHECK/MONEY ORDER, VISA, MASTERCARD, OR AMERICAN EXPRESS

NOTE: TURN-ON/TURN-OFF WILL BE DONE WITHIN A 6 HOUR WINDOW FROM THE TIME OF THE REQUEST.