



City of San Bruno

Commercial Application for Water, Wastewater and Garbage Service

Account Number: _____ - _____

Start Service Date: _____

Business Name: _____

Business Phone #: (650) - _____ - _____

Business Owner/Officer's Name: _____

CA. Driver's Lic.#: _____

Home Address: _____

City, State, Zip: _____

Home Phone #: _____ - _____ - _____

Co-Owner/Partner : _____

CA. Driver's Lic.#: _____

Home Address: _____

City, State, Zip: _____

Home Phone #: _____ - _____ - _____

Type of Business: _____

Service Address: _____
(NUMBER) (STREET) (UNIT #)
(RENT / OWN (CIRCLE ONE))

Social Security #: _____ - _____ - _____

Mailing Address: _____
If different from Service Address

City, State, Zip: _____

Tax ID #: _____ - _____

Email: _____

**** IMPORTANT - FEES MUST BE RECEIVED BEFORE SERVICE CAN BE ACTIVATED ****
Contact San Bruno Utility Billing for specific information regarding fees at (650) 616-7086
Fees can be paid by using Credit Card Pre-Authorization Payment Form.

Declaration: I agree to accept responsibility for service at the above requested location. I understand that payments are due 20 days following each billing cycle and failure to make payments on time will result in remedies authorized by City's Municipal Code including, but not limited to, delinquent penalties, service interruption and/or termination. I understand the water meter is property of the City of San Bruno and tampering with the meter is subject to fines, penalties and criminal prosecution. I agree to abide by these and all other regulations approved by the City Council and I verify that the above information is true and correct to the best of my knowledge.

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

DEPOSIT AMOUNT: \$ _____	CHECK / CASH / VISA	ACCESS CODE: _____	GARBAGE CODE: _____
NEW ACCT. SETUP FEE: \$10.00	CHECK / CASH / VISA / BILL	METER NUMBER: _____	# OF CONTAINERS: _____
SERVICE ACTIVATION FEE: \$30.00	CHECK / CASH / VISA / BILL	METER READING: _____	BACKYARD SERVICE: _____
AFTER HOURS ACTIVATION: \$30.00	CHECK / CASH / VISA / BILL	# OF DWELLING UNITS: _____	FIXED GARB. AMT: _____
EMPLOYEE INIT: _____	DATE: _____	SEWER CODE: _____	FIXED ADDITIONAL: _____