



City of San Bruno

570 Linden Ave, San Bruno, CA 94066

Voice: (650) 616-7086 Fax: (650) 876-0256

Utility Account Number: _____

Application for Water, Wastewater and Garbage Services

[Please Print Clearly]

SERVICE START DATE: _____

PRIMARY ACCOUNT NAME: _____
[Last] [First]

MAILING ADDRESS: _____
[If different from service address]

CITY, STATE, ZIP: _____

Employer: _____

Employer Address: _____

City, State, Zip: _____

Employer Phone No.: _____

Spouse or Roommate: _____

Employer: _____

Employer Address: _____

City, State, Zip: _____

Primary Phone No.: _____

SERVICE ADDRESS: _____

Rent/Own [Circle One]

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Previous Address: _____

City, State, Zip: _____

DRIVER LICENSE NUMBER: _____ State: _____

SOCIAL SECURITY NUMBER: _____

Number of Household Occupants: _____

Emergency Contact Information
[Not residing at property]

Name: _____

Phone Number: _____

Declaration: I agree to accept responsibility for service at the above requested location. I understand that payments are due 21 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: _____

For Office Use Only

Deposit Amount	\$ _____	Cash / Check / Charge	Access Code: _____	Garbage Code: _____
New Account Set-Up Fee:	\$ 10.00	Cash / Check / Charge / Bill	Meter Number: _____	Number of Containers: _____
Service Activation Fee	\$ 30.00	Cash / Check / Charge / Bill	Meter Reading: _____	Backyard Service: _____
Same Day / After Hours Fee	\$ 30.00 / 60.00	Cash / Check / Charge / Bill	Number of Dwellings: _____	Fixed Garb. Amount: _____
Employee Initial	_____	Date : _____	Sewer Code: _____	Fixed Add'l Amount: _____