



**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: _____