



Please return completed application to:  
 City of Vallejo · Commercial Services · 555 Santa Clara Street · Vallejo, CA 94590  
 Phone: (707) 648-4345 Fax: (707) 638-3520 [www.cityofvallejo.net](http://www.cityofvallejo.net)  
 Office Hours: Monday - Friday 8:30 a.m. to 5:15 p.m.

## APPLICATION TO START WATER SERVICE

Every effort will be made to begin services on your requested start date; however, some orders may be held until the following business day. All requests for service received before 5:00 p.m. will be processed the next business day after your application has been received and approved, based on field staff availability. Services cannot be started on any closed weekends or holidays. \*\*\*Please Fill Out Application Completely and Type or Print Clearly\*\*\*

Today's Date:   
 Date you want water service to start:   
 Address of Property to be Served:

### APPLICANT INFORMATION:

Property Owner       Tenant Renting or Leasing       Property Manager or Realtor  


---

 Property Type:       Single Family Residence       2+ Multi Family Residence       Commercial

Is water service currently on at the property?       YES       NO       Don't Know  
 Have you previously had water service with the City of Vallejo?       YES       NO      List Address:

### PRIMARY APPLICANT INFORMATION:

Name of Applicant:   
 Mailing Address:   
 City:  State:  Zip Code:   
 Home Phone:  Cell Phone:  Work Phone:   
 E-Mail:   
 Social Security Number or Federal Tax ID Number:   
 Drivers License Number:  Employer's Phone Number:   
 Name of Employer:   
 Address of Employer:

### CO-APPLICANT INFORMATION (SPOUSE, IF MARRIED):

Name of Co-Applicant:   
 Home Phone:  Cell Phone:  Work Phone:   
 Social Security Number or Federal Tax ID Number:   
 Drivers License Number:   
 Name of Employer:   
 Address of Employer:

I understand it is my responsibility to notify the City when services at the above listed service address need to be cancelled. I will remain responsible for all water services and charges until I have filed a stop services form. If a stop service form is not received by the City all charges will continue to accumulate on the account until such notice has been received and accepted by the City. Please acknowledge by initialing to the left.  
 Initial Here



# APPLICATION TO START WATER SERVICE (CONTINUED)

**PROPERTY OWNER INFORMATION:**

■ Name of Property Owner:   
 ■ Address of Property Owner:   
 ■ Home Phone:  Cell Phone:

**A COMPLETED APPLICATION, PROOF OF OWNERSHIP OR RENTAL AGREEMENT, A VALID PHOTO ID, AND A SECURITY DEPOSIT ARE REQUIRED TO ESTABLISH WATER SERVICE.** Once completed, print and sign the application and return to City of Vallejo Commercial Services Division with all the required documentation. You may return the requested information in one of the following ways: 1) Deliver in person to City Hall Commercial Services Division 555 Santa Clara Street, 1st Floor, or 2) Mail information to City of Vallejo, Commercial Services Division, 555 Santa Clara Street, 1st Floor, Vallejo, CA 94590, or 3) Send via Facsimile at (707) 649-5407, or 4) Send a PDF via Email to [Vallejo.WaterBilling@cityofvallejo.net](mailto:Vallejo.WaterBilling@cityofvallejo.net). (When requesting a service start date, please allow for adequate mailing time). Commercial Services Division will not process any requests until receipt of all applicable documents and payments for security deposit or other fees are received. Service may be delayed or denied if application is incomplete.

A security deposit of \$125 is required from all applicants who request single-family residential water service. For commercial and multi-family applicants security deposit requirements, contact Commercial Services for the amount. The security deposit shall be applied to the closing bill upon the discontinuation of services and any remaining credit will be refunded. If you move to a new city service location, a new account will be opened and a new deposit may be required to start services unless the applicant satisfies the City's exemption criteria. If multiple locations are serviced by the City, then a deposit may be required at each location. A deposit will be due at the time services are activated.

**SIGNATURE AND ACKNOWLEDGEMENT:**

I/We are requesting the City of Vallejo to turn on water at the above service address and understand that if all water using appliances are not completed closed, or if there are any leaks, the premises may suffer water damage. I/We hereby accept full responsibility for such damage and agree to indemnify, defend and hold harmless the City, its officers and employees from and against any and all loss, liability, expense, cost claims, demands, suits and damages, including attorney's fees arising directly or indirectly related to the turning on of water service at the above service address, except for a liability arising from the sole negligence or wilful misconduct of the City.

I/We, the undersigned, hereby apply for water service at the above service address. I/We agree to use the water service and pay all rates and charges for water service in accordance with Vallejo Municipal Code, Title 11, and to comply with all water regulations of the City of Vallejo. I/We understand that the City shall have the right to terminate water service if any of the foregoing information is determined to be false or untrue or if the required security deposit and/or monthly bills are unpaid. I/We represent and warrant that I am authorized to sign this application. I/We have read the foregoing and declare under the penalty of perjury under the laws of the State of California that the foregoing is true, correct, and complete to the best of my/our knowledge.

Primary Applicant Signature:  Date:   
 Co-Applicant Signature:  Date:

Received by: <input style="width: 200px; height: 25px;" type="text"/>	<b>**Official Use Only**</b>	Security Deposit Amount: <input style="width: 100px; height: 25px;" type="text"/>
Date Received: <input style="width: 200px; height: 25px;" type="text"/>	WATER SERVICE STARTED <input type="checkbox"/> YES <input type="checkbox"/> NO	Other Charges Due: <input style="width: 100px; height: 25px;" type="text"/>
Date Completed: <input style="width: 200px; height: 25px;" type="text"/>	Account Number Assigned: _____	Total Required to Start Service: <input style="width: 100px; height: 25px;" type="text"/>
Completed by: <input style="width: 200px; height: 25px;" type="text"/>		Notes: _____ _____ _____