



# UTILITY SERVICE REQUEST APPLICATION

99 East Ramsey Street, PO Box 985, Banning CA 92220

Phone: (951) 922-3185 Fax: (951) 922-3165

Monday through Friday 8:00 a.m. to 5:00 p.m.

Connects accepted until 3:00 p.m.

### CUSTOMER INFORMATION:

APPLICANT NAME: \_\_\_\_\_ CO-APPLICANT NAME: \_\_\_\_\_

DRIVERS LICENSE: \_\_\_\_\_ DRIVERS LICENSE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SSN/TAX ID#: \_\_\_\_\_ SSN/TAX ID#: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PLEASE CHECK ONE: TENANT \_\_\_\_\_ OWNER \_\_\_\_\_ PROPERTY MANAGER \_\_\_\_\_

NEW CUSTOMER: YES \_\_\_\_\_ NO \_\_\_\_\_ If No, please list previous address: \_\_\_\_\_

**A valid United States Government issued picture ID is required to obtain service.**

**ADDRESS INFORMATION:** \_\_\_\_\_ LOCATION ID#: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

REQUESTED DATE OF CONNECT: \_\_\_\_\_

WATER \$ \_\_\_\_\_ ELECTRIC \$ \_\_\_\_\_ SEWER \$ \_\_\_\_\_ TRASH \$ \_\_\_\_\_ FIRE SRV \$ \_\_\_\_\_ HYDRANT METER \$ \_\_\_\_\_

DEPOSITS: \$ \_\_\_\_\_ SERVICE ACTIVATION FEES: \$ \_\_\_\_\_ TOTAL DUE: \$ \_\_\_\_\_

**Cleared for service connection:** Date: \_\_\_\_\_ By: \_\_\_\_\_

A refundable deposit is required to establish service. Deposits are refundable after one year of service with no more than one late fee and no service interruptions. Please note: other charges and fees are applicable. The deposit requirement can be satisfied in three ways: 1. Paying the deposit amount at time of sign-up. 2. By providing a letter of credit from another utility showing one (1) year of continuous service with no delinquencies. 3. By paying a **non-refundable fee of \$2.00 for a credit check**, deposit may be waived only if credit check is satisfactory.

Service activation fees are due and payable at time of service sign-up. Fees and service charges may vary depending on the scope of the service requested. **Please ensure our field service representatives have access to the meter(s) at this location.** If we are unable to access the meter(s) due to locked gates, dogs in yard or any other circumstances, an additional fee of \$27.00 will be billed to the account and service will not be connected until access is granted. Access must be provided for turn on of utilities from 7:30 am to 5:00 pm on the date of request. \_\_\_\_\_

**Please read:** I, the undersigned have completed this application for service with the City of Banning and affirm all information is correct. I also agree to comply with all City of Banning ordinances, rules and policies. Furthermore, *I understand utility bills are due and payable 20 days from the billing date, regardless if a bill is received.* \_\_\_\_\_ A late fee will be assessed to the account on the 30<sup>th</sup> day and a disconnection notice will be mailed. Additional charges will be required to reconnect service once it is interrupted. Payment must be made by the date of the disconnection notice to avoid interruption of service. I understand it is my responsibility to pay the utility bill on time and update my contact information as needed. Accounts could be required to pay additional deposits prior to reconnection. **I also understand both parties on the utility account are responsible for any unpaid balance \_\_\_\_\_ / \_\_\_\_\_. I further understand that any previous accounts with the City of Banning that remain unpaid will be transferred to my current account \_\_\_\_.** I understand it is unlawful to provide false information in making this application. If it is determined that false information was given, my services could be disconnected without further notice. By signing I acknowledge that I have read and understand the terms of service.

**APPLICANT:** \_\_\_\_\_ **CO-APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**By applying for and accepting utility service from the City of Banning, the customer agrees to provide any right of way access on his/her property to supply such service, and to access meters for maintenance and reading.** \_\_\_\_\_

### OFFICE USE ONLY

Utility Billing Process Date: \_\_\_\_\_

Processed by: \_\_\_\_\_

Account #: \_\_\_\_\_