City of Hemet
Finance Department - Utility Billing
445 E Florida Avenue, Hemet, CA 92543
Phone: (951) 765-2350 |Email: CS@hemetca.gov

# UPDATE FORM FOR
# SINGLE FAMILY DWELLING

Please complete and sign the agreement below, then return the completed form via e-mail or mail. Once we review your request, we will either confirm the change or request additional supporting documents.

**Reason for Change:** ☐ Adding Secondary ☐ Removing Secondary ☐ Update Mailing Address Other: _____

Service Address: _____

Account #: _____

New Mailing address: _____

***If only updating mailing address please stop here and sign at the bottom of the page.***

| Primary Account Holder | New or Secondary Account Holder |
|---|---|
| Last Name First Name | Last Name First Name |
| Social Security Number | Social Security Number |
| Phone# and Type: Home ☐ Cell ☐ Work ☐ | Phone# and Type: Home ☐ Cell ☐ Work ☐ |
| Phone# and Type: Home ☐ Cell ☐ Work ☐ | Phone# and Type: Home ☐ Cell ☐ Work ☐ |
| E-mail | E-mail |

***AGREEMENT:*** *The applicant agrees to pay for water services provided by the Water Department of the City of Hemet at the specified premises, according to current rates, UNTIL THE SERVICE IS DISCONTINUED BY THE APPLICANT. The applicant also agrees to follow the terms and rules set by the City Council of Hemet. This contract may be changed by the City Council as needed. Deposits will be applied to the account according to policy. Unpaid balances will incur interest at the maximum legal rate. If legal action is needed, the applicant will pay reasonable attorney fees.*

*I declare under penalty of perjury under the laws of the State of California that all information on this form and on all accompanying documents is true and correct.*

Primary Account Holder Signature _____ Date _____

New Secondary Account Holder Signature _____ Date _____