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

UTILITY SERVICE APPLICATION FOR SINGLE FAMILY APPLICATION

To check if your address is in our service area, visit HEMETCA.GOV > Services > City Water & Sewer Service > Establishing Services
Sign and email completed form along with the required documents to CS@hemetca.gov

For Office Use Only			
Deposit Amount:	**Deposit Paid:**	**Deposit agreement Due Date:**	
Account#:		**Customer#:**	
Meter#:	**Initial Read:**	**Remarks:**	
Entered:	**Date:**	**Audited by:**	**Date:**

Same Day Service Requested? Yes ☐ No ☐
(Same day service/ afterhours fees may apply)

Service Address: _____ Service Start Date: _____

Mailing / Billing Address: _____

PRIMARY ACCOUNT HOLDER

Last Name First Name

Social Security # DL#/ID#

Phone#:

Email:

SECONDARY ACCOUNT HOLDER

Last Name First Name

Social Security # DL#/ID#

Phone#:

Email:

PROPERTY OWNER INFORMATION

Last Name First Name

Mailing address:

Phone#:

Email:

----OR----

PROPERTY MANAGEMENT CO./LEASING OFFICE

Company Name:

Mailing address:

Phone#:

Email:

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 application and on all accompanying documents is true and correct.

Applicant Signature Date